

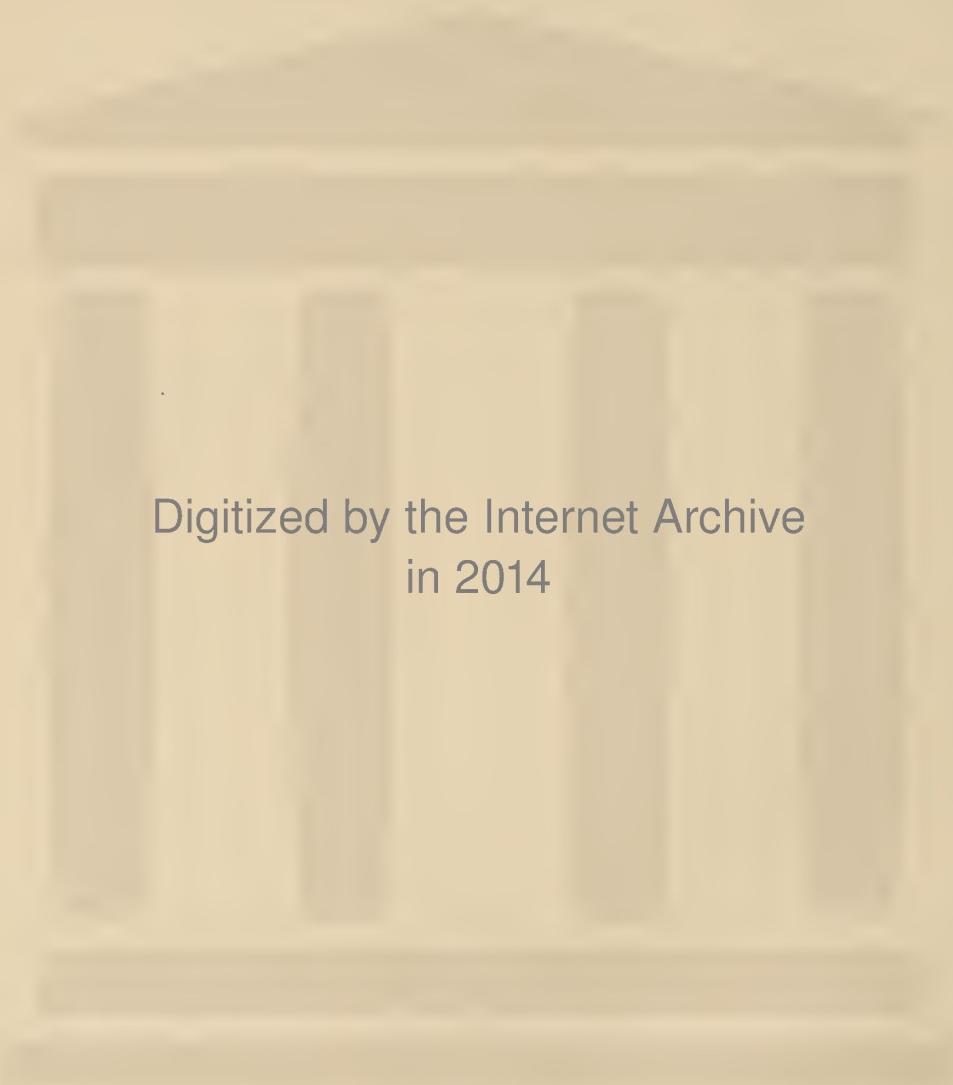
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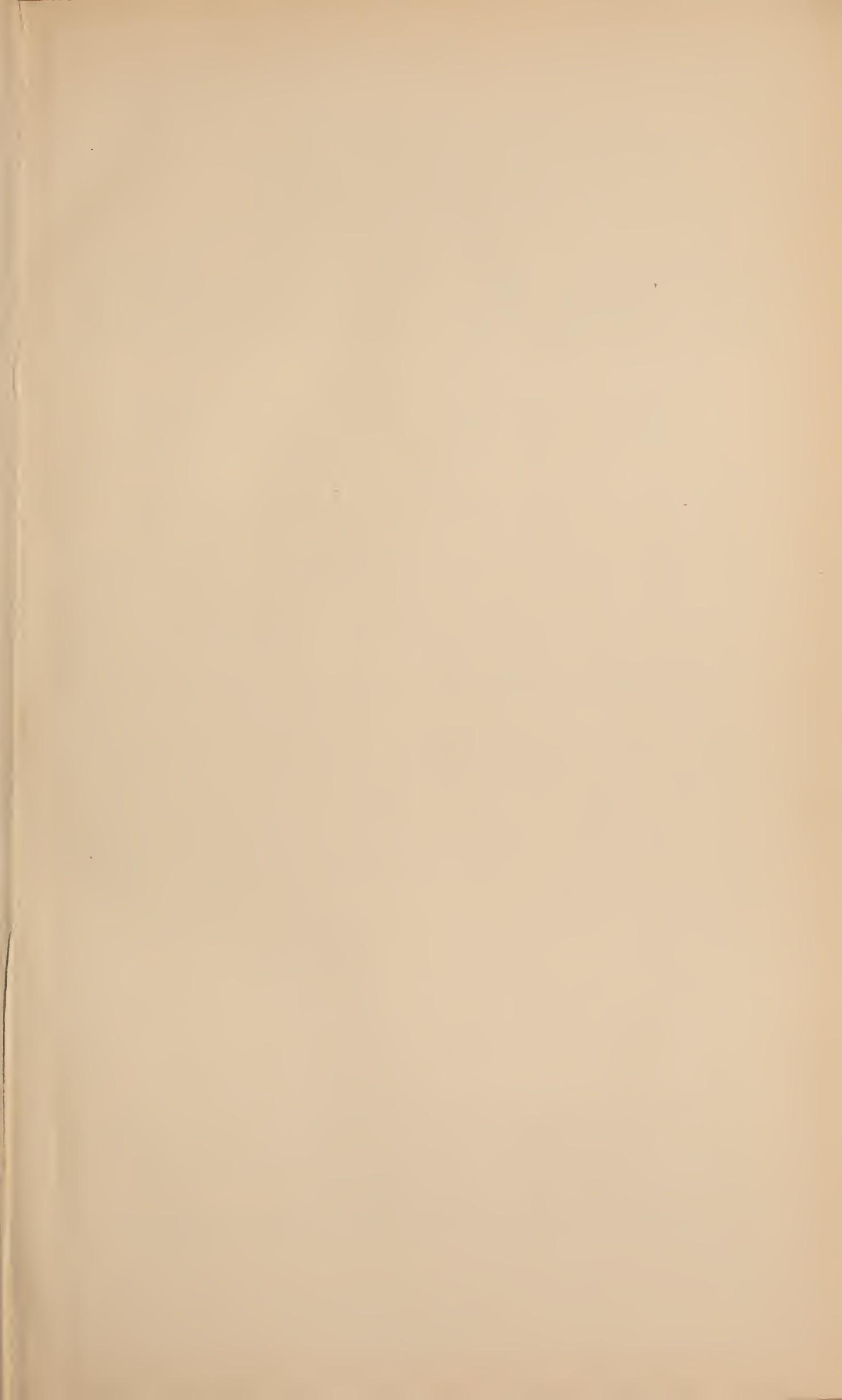
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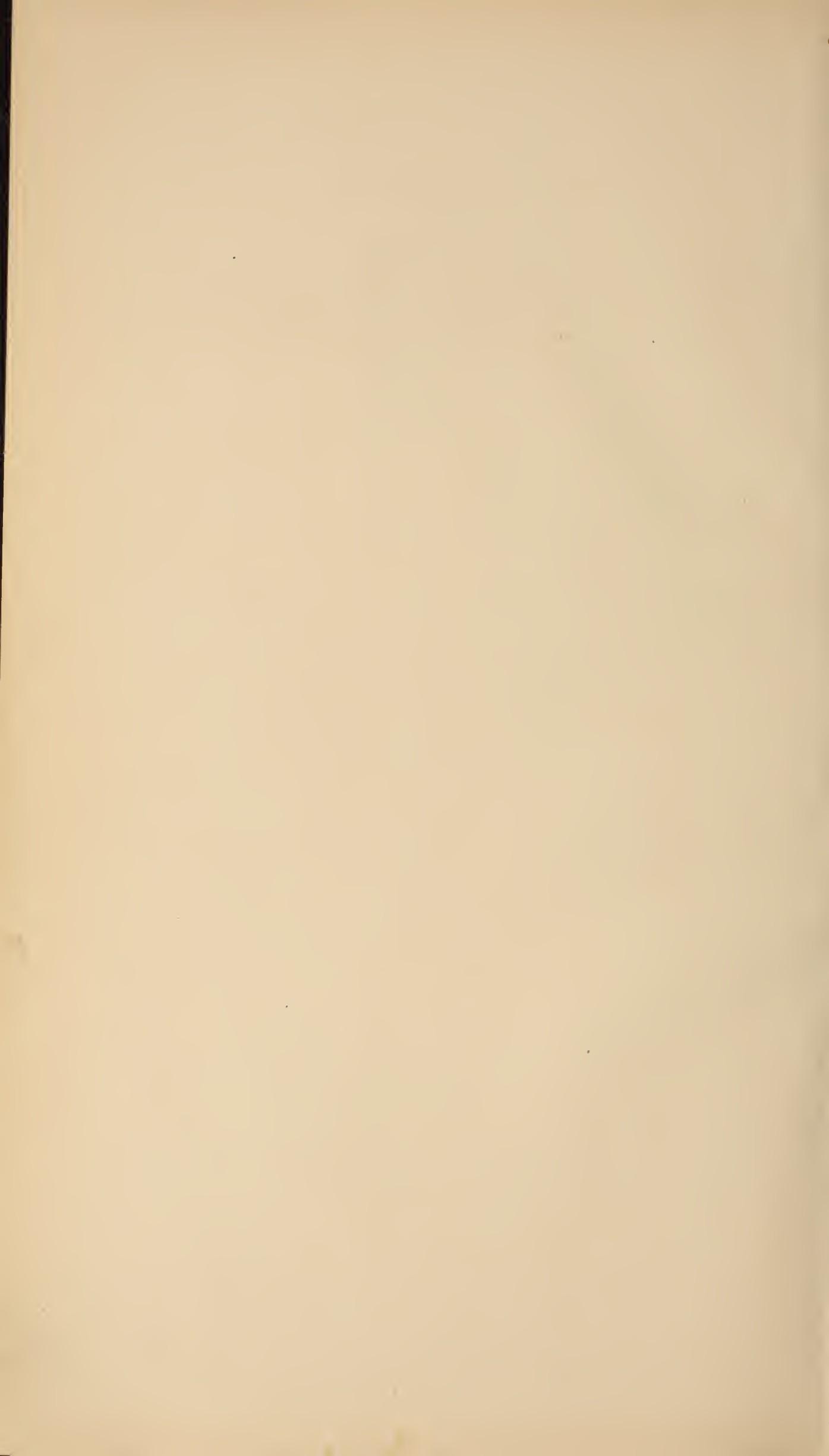




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HOWARD VAN RENSSELAER, PH. B., M. D.

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## The Treatment of Myxoedema by Feeding with the Thyroid Gland.\*

BY HENRY HUN, M. D.,

PROFESSOR OF DISEASES OF THE NERVOUS SYSTEM IN THE ALBANY MEDICAL  
COLLEGE.

There are, doubtless, many things in medicine of more importance, but few of greater interest, than is the subject of myxoedema. Although the disease is not common, yet, neither is it of extreme rarity, and whenever seen, it presents on the first glance such striking diagnostic features that it is strange it was not noted as a distinct form of disease before 1874, when Sir Wm. Gull described it in a paper entitled: "On a Cretinoid State Supervening in Adult Life in Women." In 1877, Dr. Ord (whose name since that time has been most intimately associated with myxoedema) published a report of many other cases of this disease, to which he for the first time gave the name of myxoedema, believing that the essence of the disease lay in a mucin yielding oedema, and stated the most important fact, that at the autopsy of persons dead from this disease the thyroid gland was either atrophied or its structure replaced by fibrous tissue. In 1882 and 1883 Reverdin and Kocher each published papers showing that a condition identical with myxoedema was produced in consequence of the total extirpation of the thyroid gland. Thus, ten years after the disease was first described it was referred to its final cause—the loss of the thyroid gland—a gland whose function up to that time had been merely a subject for hypothesis.

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\*Read before the Albany County Medical Society on December 14th, 1893.

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During the next few years the proof that myxœdema was due to the loss of the function of the thyroid gland became more and more positive and in 1889 and 1890 many attempts were made to graft a lobe of the sheep's thyroid in the peritoneal cavity and in the sub-mammary region of persons suffering from this disease with gratifying but imperfect success. Finally in 1891 and 1892 patients with myxoedema were given the thyroid gland by mouth, at first in the form of a glycerine extract, next in the form of the gland itself slightly cooked and at last in the form of the dried powdered gland. Cases treated by either of these methods improved rapidly and were soon cured, although it was found necessary to continue to give the gland from time to time or relapses would occur.

Two cases of myxœdema treated by feeding with the dried thyroid gland I wish to report briefly to-night. It is not necessary to go into minute detail, for the success of this treatment is already well established. The first of these cases is one of four which formed the basis of a paper on myxœdema which I published in 1888. His case was reported under the name of Mr. Y. and he is the only one of the four now living. He always drank and smoked to excess and continues to do so now. He contracted syphilis in 1877 and was thoroughly treated for it, partly at home and partly at the Hot Springs of Arkansas. In 1883 the myxœdematous symptoms first made their appearance and steadily progressed in intensity until he presented a typical picture of the disease. He never perspired. The skin was dry and scaly, the epidermis peeling off in great quantities, and presented a slight yellow tinge, which was especially marked on the face and on the scalp. The complexion was waxy and on friction spots of congestion appeared on the cheeks and persisted a long time. The whole top of the head appeared bald, but on close inspection was found to be covered with short brittle stumps of hairs. The nails were rigid and brittle and on the latter account troubled him greatly. The face was everywhere swollen and pitted very slightly only on long continued pres-

sure. The under eyelids were baggy and wrinkled. The lips were especially swollen, much everted and of a bluish color. The tongue and the tissues of the larynx were swollen and the voice was rough and hoarse. He was very susceptible to the cold and was accustomed to go to the south-west with the advent of cold weather. He was physically weak, his mind was sluggish and he slept much of the time.

The disease reached its height toward the end of 1884 and remained stationary throughout 1885. There was then a slight improvement until 1887, since which time his condition remained without material change until July 24, 1893, when he presented himself for treatment, he never before that time having been under my professional care. He was given three times daily a capsule containing five grains of the dried thyroid gland prepared by Parke, Davis & Company and he continued to take ten or fifteen grains daily with occasional intermissions during four months. At the present time he takes the thyroid at the rate of fifteen grains a day during one week in each month. The effect of the treatment has been very decided and has resulted in a complete cessation of all his unpleasant symptoms. The skin is no longer scaly and he perspires freely when he is warm. He is no longer sensitive to cold and he is not covered by half the bed clothes that he formerly required. He even takes a cold plunge bath in the morning and can dress in a cold bath room. He formerly slept twelve and fourteen hours out of the twenty-four, but now sleeps only seven or eight. His speech is quicker, he writes more easily and he walks more. He feels quite well and his appearance no longer suggests myxœdema.

The second case is that of a woman, Mrs. McM., 48 years old, who was sent to St. Peter's Hospital from Fonda, for relief from a supposed abdominal tumor. She was admitted into the service of Dr. Hennessey, who could discover no abdominal tumor further than the pendulous abdomen so common in case of myxœdema, and who recognizing the case as one of myxœdema, transferred her to me for treatment.

Her history is briefly as follows: She has had no children and no miscarriages. Her menstruation has always been regular in time, but somewhat excessive in quantity. Three years ago she suffered from two "floodings" and since that time has not menstruated. Several years ago her hair began to fall out and has continued to do so; at the same time her teeth and gums became sore, some teeth fell out and others became loose, and at about the same time her legs became swollen and have remained so ever since. She "catches cold" upon slight exposure and is much more unpleasantly affected by cold than was the case formerly. She is physically weak, can walk only a short distance and even then suffers from dyspnœa. Her mind seems sluggish and stupid. Her complexion is sallow with a spot of congestion on each cheek. Her under eyelids are wrinkled, baggy and translucent, her lips are swollen and everted, a number of her teeth have fallen out and the top of her head is bald. Her legs are swollen and pit but very slightly on long continued pressure. The skin of the arms and legs is scaly, the abdomen is large and pendulous; there is no hair in the axilla or on the pubes, and no thyroid gland can be felt. All the patient's actions are performed slowly, her speech is slow and her voice hoarse.

The patient was given three times daily a capsule containing five grains of the dried thyroid gland, prepared by Parke, Davis & Company, and continued to take them during three weeks, at the end of which time she had improved in all respects. She was more active, perspired more freely, her skin was less scaly and her appearance had changed so much that the diagnosis of myxœdema could hardly have been made. She was so much better that she left the hospital and I have not seen her since.

In the progress towards recovery which these patients made under the influence of the thyroid treatment, two interesting symptoms appeared which occurred also in almost all the reported cases that were treated in this way. The first of these symptoms is a decided loss of weight. The man lost twenty-three pounds in two months, but later when his health

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was restored he began to gain again and eventually regained eleven pounds, leaving a permanent loss of twelve pounds. The woman lost nine pounds in the first two weeks of treatment and was not subsequently weighed.

It would seem, therefore, that the thyroid gland taken internally possesses the power of reducing weight. Such has been found to be the case. Putnam\* tried it in two cases of ordinary obesity, one of which lost forty and the other forty-eight pounds, and similar results have been obtained by others. I have tried it in a few cases of obesity with satisfactory results. I will mention only one case in which it was put to a rather hard test and yet acted well. Those of us who have had any experience in attempting to reduce obesity, whether by diet or otherwise, are aware that during the first few days or first week or two there is a decided loss of weight, but that after the initial loss a further reduction in weight either does not occur or occurs very slowly. The one case of obesity treated by the thyroid gland, which I wish to report is that of a lady, who, without the slightest change in her diet, had been taking phytolene and had lost seven pounds in weight, but then remained stationary in spite of large doses of the drug. The phytolene was then stopped and she was given five grains of dried thyroid gland three times daily, with the result that she lost a little over three pounds in two weeks, which is quite a loss considering that the patient made absolutely no change in her usual diet. The thyroid gland, therefore, taken internally, appears to have the power of reducing weight in other cases than those of myxœdema. It must always be remembered, however, that several sudden deaths from syncope under the thyroid treatment have been reported and that in cases of fatty and degenerated heart the remedy should either not be used at all or should be given cautiously in very small doses.

The second interesting symptom, which occurs in cases of myxœdema while under the thyroid treatment, is a great restlessness and nervous excitement, which is very different

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\*Transactions of the Association of American Physicians, vol. viii, 1893, p. 340.

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from the sluggish placid manner customary in myxœdema, and is usually so intense as to necessitate temporary cessation of the treatment. This condition of nervous excitement is very similar to that which is a prominent symptom in exophthalmic goitre, and it would seem that myxœdema and exophthalmic goitre are two diseases presenting symptoms the one the direct reverse of the other, and that in myxœdema the symptoms are due to a loss of the function of the thyroid gland, while in exophthalmic goitre directly opposite symptoms are produced by an excess of function of the thyroid gland. If this is true then the essence of exophthalmic goitre and the cause of the symptoms is in the goitre and the quickest and most radical form of treatment would be to extirpate a portion of the enlarged gland. This is a dangerous operation, but it has now been performed a number of times in cases of exophthalmic goitre with gratifying success. Putnam\* closes an able article on "Thyroidectomy in Graves' Diseases" with the following words: "In all, the summary includes fifty-one cases. There were four deaths attributable to the operation, but in almost all the rest greater or less improvement, and often, substantial cure seems to have taken place. Of course these results are not to be placed entirely to the credit of the operation, since prolonged rest is almost always beneficial, and the influence of time is often of itself useful and even curative."

It would seem, therefore, that in cases of exophthalmic goitre where prolonged rest, electricity and large doses of quinine and iron have failed to give relief, thyroidectomy may result in a complete cure or in decided relief of distressing symptoms.

These two symptoms: The rapid loss of weight and the condition of nervous excitement, which occurs so uniformly under the thyroid treatment, are of great importance, not only in establishing a relationship between myxoedema and other diseases, and in showing the immense influence which the thyroid gland exercises on the nutrition of the body, but also

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\*Journal of Nervous and Mental Diseases, December, 1893.

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in indicating possible new therapeutic uses for the gland, the value of which must be proved or disproved by future clinical experience. Whether or not any other pathological conditions besides myxoedema will be found to yield to the internal administration of the powdered thyroid gland, there can be no doubt that this disease can be almost invariably cured by it.

We have, then, in myxoedema a disease which remained during centuries unrecognized and yet as soon as it was described, it was seen to possess such striking characteristics, that a diagnosis could be made with almost absolute certainty at the first glance. In less than ten years after it was first described, it was definitely referred to its cause (the loss of the thyroid gland), and ten years later it could be cured with almost absolute certainty (by eating the thyroid gland). Such a rapid referring a disease to its cause, and thereby finding its certain cure, is unfortunately an occurrence of great rarity in medicine, and justifies the statement made in the opening sentence of this paper, "That few things in medicine are of greater interest than is the subject of myxoedema."

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## Is Evolution Trying to Do Away with the Clitoris?

ABSTRACT OF AN ARTICLE BY ROBERT T. MORRIS, A. M., M. D., IN THE AMERICAN JOURNAL OF OBSTETRICS, NO. 6, 1892.

Robert T. Morris, in the American Journal of Obstetrics, vol. xxiv, No. 6, 1892, gives an interesting and instructive discussion on this topic. He begins with the startling statement that "about sixty per cent of all Aryan American women have adhesions which bind together the glands of the clitoris and its prepuce, in part or wholly, and which cause little or much disturbance."

The preputial adhesions in women are similar to those in men, but the nervous disturbance is greater in women as they are more impressionable.

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The adhesions vary greatly from completely covering the glans clitoridis to small unimportant bands; and as by this pressure the clitoris degenerates it may lessen sexual desire. The compressed clitoris remains small and undeveloped, and the mucous glands at the points of adhesion are inactive. When, however, the adhesions are broken up and not allowed to reunite, the clitoris in a few weeks becomes normal in size and the mucous glands pour forth abundant secretion.

The attempt of the erectile glans clitoridis to adjust itself to less elastic surroundings, together with the irritation of retained secretions, cause the disturbance. The smegma may occur as small inspissated particles, or it may be retained and produce pressure on the adhesions or may turn into an acid, then fluid, which, leaking out, may cause excoriations and pruritus of the valva.

Any irritation of the clitoris calls attention to the part and incites masturbation or perverted sexual desires. When preputial adhesions call the girl's attention to the clitoris she may become a persistent masturbator without leading the family to suspect what she is doing, and in many cases not knowing that she is doing herself damage.

In making inquiries it is always necessary to state to the patient that we find signs of irritation, and the patient then, knowing that we have a clew to her habits, will freely tell what she would otherwise hide. The results of such questioning are astonishing. It is high time for us to have special teachers to go about among the girls' schools and teach the pupils the most important thing that they could learn at school. The teacher should be a female physician, for she will not only have to make explanations, but will have to separate adhesive prepuces in almost all of the scholars. The separation of adhesive prepuces in young unmarried women should be done by female physicians anyway, and such physicians can be abundantly occupied with this sort of work.

As a result of such continued adhesion irritation, or of masturbation, one or both, the second series of disturbances appear—the reflex neurose—and in this group of symptoms

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we have the most complicated and the most hurtful of the influences emerging from the peripheral irritation of the clitoris.

Chronic peripheral overstimulation of the centripetal nerves connected with the spinal cord and brain lead, in ordinary concatenation, first to acute reflex demonstrations, then to slow degenerative changes in sympathizing organs, and finally to further complications dependent upon the diseased or functionally disturbed organs, for instance, if clitoris irritation leads to relaxation of the uretire ligaments, and the succeeding malposition of the uterus leads to circulatory disturbances that cause degeneration of the ovaries, the patient may suffer from the ovarian complication more than from the cause of her ovarian disease. Removal of her diseased ovaries will not make her a well woman however. The fast growing girl with preputial adhesions may become languid enough to sag into scoliosis, and her lassitude, increased by masturbation, makes it difficult to stop the scoliosis, which is but a symptom in her case, until muscular relaxation is prevented by removal of first and second causes. The young asthmatic, the girl whose uterus droops until it curls up in antiflection upon the pelvic floor, the patient who is listless and fretful and fanciful also to her food, the patient with dysuria or with menstrual irregularities, the cataleptic, the hysterical, the epileptic, the patient with nervous dyspepsia or spasmodic stricture of the œsophagus or simulated hip-joint disease or pseudo-paralysis, the patient with sick headache—all of these must be examined by the diagnostition for preputial adhesions. It is quite true of course, that all these symptoms may proceed from other peripheral irritations—from heterophoria very often indeed—but nevertheless the clitoris must be examined as a matter of routine.

Before neurotic habits have become established the symptoms which are dependent upon preputial adhesions will disappear as quickly as the sciatica that is dependent upon Dupuytren's contraction, or the cough that is dependent upon a bean in the ear, when the causes are removed. With

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older persons in whom neurotic habits have become established the results are not immediate nor so brilliant.

The girl who become irritable, disagreeable and hysterical, may become charming, interesting and possessed of all feminine graces when her prepuce is forcibly peeled away from the glands of the clitoris and we have made a distinct step forwards in civilization when this fact is appreciated by the profession. The importance of preputial adhesions in the female will be understood by some observers and overestimated by others, just as in the case of heterophoria; but those of us to try to take a mean position will know that while some patients are strong enough to withstand one or both of these conditions of a lifetime, there are countless numbers who sink beneath the load that seats itself so insidiously that the patient herself does not realize what she is carrying until neurasthenia untunes the resisting power.

After separation of preputial adhesions there is a marked tendency for them to recur, and women whose hopes are raised by disappearance of the old irritation and a subsidence of reflexes are often very much depressed by the return of all symptoms. This can be avoided if the prepuce is stuffed with bichloride gauze at intervals of two or three days, until the appearance of normal smegms shows that the mucous surfaces have developed sufficiently to care for themselves. The method of separating adhering prepuces consists in first washing the vulva with bichloride of mercury solution. A couple of drops of cocaine solution are then thrown into the glans clitoridis through a hypodermatic needle, and four or five drops more are thrown anywhere into the prepuce. If one margin of the prepuce is then seized with fixation forceps, the thumb nail will easily complete the work of clearing the glans. Raw surfaces are then sprinkled with aristol and the prepuce packed with a little ball of gauze.

Finally, allow me to say that I have found numbers of women, with all sorts of reflex neuroses, in whom the glans clitoridis was fully developed and free from any important adhesions; so we can readily perceive that, influential as

preputial adhesions are, they form only one factor in the great group of peripheral irritators.

#### SUMMARY:

1. The prepuce and the glans clitoridis are bound together by adhesions, partly or completely, in about eighty per cent of all Aryan American women.
2. Preputial adhesions are rare among negroes, and seem to occur in only a few of the individuals possessing a large admixture of white blood.
3. Highly developed domesticated animals do not present examples of the degeneration, so far as the author's observation has gone.
4. When preputial adhesions are extensive the glans clitoridis and the imprisoned mucous glands remain undeveloped, but they may develop later when the physician has separated adhesions.
5. The failure of the embryonic genital eminence to properly develop the prepuce and glans clitoridis for perfect cleavage undoubtedly means that nature is trying to abolish the clitoris as civilization advances.
6. The degenerative process represented by preputial adhesions is characteristic of the civilized type of homo sapiens, in which we find decaying teeth, early falling hair, and imperfect corneas and eye muscles.
7. Preputial adhesions which involve small portions of the glans clitoridis are of interest simply as anatomical curiosities.
8. Preputial adhesions involving a large part or the whole of the glans clitoridis may cause profound disturbance, and they are among the most pronounced of the peripheral irritators. They cause desire for masturbation which leads to neurasthenia, and they are responsible for grave reflex neuroses.
9. Preputial adhesions probably form the most common single factor in invalidism in young women.

The clitoris is a little electric button which, pressed by adhesions, rings up the whole nervous system.

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## The Importance of Microscopical Examinations in Blenorhoeal Discharges.\*

BY HENRY T. BROOKS, M. D., ('87).

INSTRUCTOR IN NORMAL AND PATHOLOGICAL HISTOLOGY IN THE NEW YORK  
POST-GRADUATE MEDICAL SCHOOL AND HOSPITAL.

An article written in defense of the employment of the microscope for the purpose of determining the presence or absence of the gonococcus in a given questionable discharge, and thus settling the point as to its specific or non-specific character, would almost seem to be a work of supererogation. But in spite of the enormous quantity of matter which has been published upon this subject, in spite of the most emphatic statements of observers of unquestionable ability and integrity, there still exists a deplorable amount of skepticism as to the diagnostic value of the gonococcus, which, there can be no doubt, is born of insufficient experience, carelessness, prejudice or lack of skill.

It is gratifying to note that the discoverer of the organism in question, Prof. Neisser, of Breslau, even in the face of the most disheartening opposition, still firmly adheres to the statements he made nearly fifteen years ago, (1) and that the importance of his discovery is gradually receiving at the hands of some of his most bitter opponents, the attention it so richly deserves. He who sees a rich amount of gonorrhœal material, and is consulted especially by patients of the better class with chronic gonorrhœa, will corroborate how often the most important and responsible steps in life are complicated by the gonorrhœa question. What an inestimable advantage to the physician to be able to say: "This microscopical examination has revealed gonococci where none were expected," and vice versa: "This apparently grave purulent discharge is of a harmless and non-infectious nature."

In a quite recent pamphlet (2) forwarded to the writer in reply to a letter, Neisser formulates his views, the result of a

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(1) Centralb. f. d. med. Wiss. 1879, No. 28.

(2) Welchen Werth hat die mikroskopische Gonococcenuntersuchung.

Geo. Thieme, Leipzig, Aug. 1893. See also, Deutsch. med. Woch. No. 29 and 30, 1893.

(\* Reprint from the "Post-Graduate."

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large and varied experience, and says that the possibility of the opinions expressed by the opposition becoming so widely disseminated as to greatly endanger the further development of the gonorrhœa question, and especially the gonorrhœal prophylaxis and therapy, has constrained him once more to present his principles in the diagnosis and treatment of gonorrhœa. What follows is chiefly a synopsis of Neisser's article.

He asserts that the universal employment of microscopical examinations for the gonococcus is, at present, the best and most unqualifiedly necessary method to be used in order to obtain advancement in the diagnosis and therapy of gonorrhœal affections. He who does not make use of this method forgoes an immeasurable advantage and commits a grave error. Unfortunately, this method of examination is often difficult and incomplete. It requires further elaboration, and presupposes great practice (with the microscope) in those who desire to employ it.

But what say his opponents? "The microscopical demonstration of the gonococcus is of positive value only in those cases where, because of other methods, it is superfluous, and in others it is so unreliable that it was better to dispense with it." Such a standpoint must be decidedly combatted. It appears the more remarkable, if, with Broese, (1) one assumes that the gonococcus is the cause of all gonorrhœal processes. If this be true, then the possibility of recognizing these bacteria must exist. At most, the question as to the *degree* of usefulness of this method can be raised.

Upon what does Neisser base his assumption of the usefulness and necessity of gonococcus examinations? In innumerable cases in which it is absolutely impossible by the most careful microscopic and clinical examinations to determine whether a secretion from a mucous surface is still gonorrhœally infectious, or is only the expression of a no longer infectious inflammation, the presence of the gonococcus renders the diagnosis certain.

Innumerable are the instances in which a thorough microscopical examination at once, or after a number of trials, demonstrates the presence of gonococci in the urethral mucus, urine-threads and prostate secretion of men, who, intending matrimony, consult the physician simply for the sake of what appears to be almost an exaggerated precaution.

In women the difficulties of diagnosis are undoubtedly greater. But even in these are not countless cases positively diagnosed? Hundreds of prostitutes are yearly withdrawn from their vagabond life and subjected to hospital treatment, who, without microscopical examination, would be pronounced healthy and permitted to become, from day to day, the source of further infection. And how often in married women, in whom the suspicion of an existing gonorrhœa is present, but in whom, because of the absence of a certain diagnosis, the necessary energetic therapy was omitted, does the microscope give a positive decision and form the basis of all further treatment?

Above all it must not be forgotten, that, aside from mechanical causes, there are urethritis which owe their existence to the presence of other bacteria. These cases are comparatively rare, but there is no doubt that they occur. Here the prognosis as well as the therapy will be influenced by the diagnosis.

A second more frequent category of questionable gonorrhœa (in men and women), includes cases in which patients had previously suffered for a long period from undoubted gonorrhœa, were apparently cured, and after renewed cohabitation or without such, became again affected with acute suppuration. In all of these cases we determine by the microscopical examination, whether

- (1) A fresh infection has occurred, or
- (2) Whether a recrudescent, older inflammatory process exists.

The distinction between fresh infection and the revival of an old, still gonorrhœal process, can not of course be made in every instance, since the difference in the number of gonococci

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(1) Aetiologie, Diagnose und therapie der weiblichen Gonorrhœe, Deutsch. med. Woch. No. 16, 17 and 18, 1893.

in both cases is not always so great as to enable a distinction to be made in this regard. But, say Saenger and E. Fraenkel, "How often are andrologists able to find gonococci in married men who have generated gonorrhœa in their wives?" It must be admitted that the confrontation and comparison of the conditions observed in married persons do not, in all cases, lead to a complete explanation; but we must not forget how numerous are the unknown factors which take part in these cases.

Is gonorrhœa of the wife always certainly, i. e. bacteriologically determined? Is it certain that even a fresh infection of the wife proceeded from the husband? Can not the present apparently fresh gonorrhœa of the wife be of older date and only an irritation stadium of an older infection?

Very often the wife consults the gynaecologist for the first time two or more years after marriage, presenting chronic gonorrhœal stadia and sequelæ of a long expired infection. It is then the husband is referred to the andrologist. Who will be surprised, if years after the infection no gonococci are to be found in the husband? Perhaps even in the wife they have long disappeared!

Neisser, in closing his article, offers the following conclusions, which will be given in his own words:\*

- (1) It is not to be doubted that the gonococcus is the cause of gonorrhœa.
- (2) In a great many cases the diagnosis of gonorrhœa (in the male as well as in the female) can also be made through observation of the clinical symptoms alone, without the aid of gonococcus examinations.
- (3) But in a large number of cases, especially all those of a chronic nature attended by slight subjective and objective symptoms, a diagnosis can only be reached by the demonstration of the gonococcus.
- (4) Likewise, in all cases (at the most quite acute, fresh stadia excepted) wherever the question to be settled is whether a "gonorrhœal disorder" is still gonorrhœally infectious, or whether only the resting disease products of a previous infection exist, examinations for gonococci are indispensable.

\* Opus Cit. p. 21.

(5) As in each stadium the therapeutic procedures are directed by the presence of gonococci, examinations for this organism are indispensable, not only before, but during the whole course of the therapy.

(6) These examinations for the gonococcus will be first of all, of a microscopical nature. Culture methods, because of the difficulties attending their employment, will replace or supplement microscopical examination only in certain cases.

(7) Wherever positive results are obtained, no doubt as to the necessity and usefulness of these in confirming the diagnosis can exist. Negative results are to be interpreted with caution, since we know that gonococci may be so concealed in the depths of the tissues, lacunæ and folds, that the superficial secretion of a mucous membrane which is to be examined, is free from gonococci. The correctness of our interpretations must then be strengthened by greater frequency of the examinations and by attempts at artificial multiplication of the possibly present organisms. The clinical symptoms are always to be considered and brought into harmony with the microscopical results.

(8) If the question is one of gonorrhœa in married patients, both parties must be examined and the treatment directed accordingly."

#### The Albany Medical Society Supports a Bill for a Bureau of Public Health.

At a meeting of the Medical Society of the County of Albany, held December 13, 1893, the following motion introduced by Dr. F. C. Curtis, was unanimously adopted:

RESOLVED, that the Medical Society of the County of Albany fully approves of the bill to establish a Bureau of Public Health within the Treasury Department of the United States, prepared by the National Quarantine Committee of the New York Academy of Medicine, and believes that the health interests of the Country will be greatly advanced by its early passage by Congress. To this end the president of this society is requested to transmit a copy of this resolution to Hon. Charles Tracey, member of Congress for this district, with a memorial urging upon him our sense of the importance of this measure, and bespeaking for it the valued influences which he possesses.

**Water Filtration and Cholera.**—Koch (*Zeitschrift f. Hygiene und Infektionskrankheiten*, XIV, 1893) brings out a large number of interesting facts concerning the relation of water supply to cholera. The statements in this article conform to the results which the author has heretofore obtained in his investigations of cholera and its prevention. The recent (1892) epidemic of cholera in Hamburg has furnished the opportunity for Koch to verify his theories concerning the relation of drinking-water and the transmission of cholera and typhoid fever. The importance of this subject in its practical application to our own water supplies renders a somewhat careful consideration of this article very desirable. The experiences of Hamburg, Altona and Wandsbeck are exceedingly instructive. These three cities are adjacent to each other, form practically one city excepting their water supplies are separate. Wandsbeck is supplied with filtered water from a lake which is not exposed to contaminating conditions; Hamburg gets its water from the river Elbe above the city. it uses the water in an unfiltered condition; and Altona is supplied with filtered water taken from the river below the city.

The points to be observed are, that while Hamburg was frightfully stricken with cholera, Altona and Wandsbeck were practically free from it. It is of further interest to consider that Hamburg took its water from a point in the river where its contamination was slight while Altona drew its supply from the river after it had received the sewage of 800,000 people. The line of demarcation was very striking. On one street which for a long distance forms the boundary of the Hamburg side, was badly infected with the disease, while the Altona side remained free from it. Still more singular is the fact, that one group of houses on the Hamburg side which were supplied with water from the Altona side remained uninfected.

Koch attributes the comparative freedom of Altona to the filtration of its water. Four-fifths of the cases which did occur in Altona were traced to an infection in Hamburg. The experiences of the present year, however, have shown that a filter bed of itself is not sufficient protection. The bed must be complete in every particular and the filtration must be conducted in the most thorough and painstaking manner and with frequent bacteriological examinations for a control on the filter. Epidemics of typhoid fever in Altona have demonstrated the existence of a connection between the diseases and imperfect filtration.—*The Medical and Surgical Reporter.*

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HOWARD VAN RENSSELAER, PH. B., M. D., EDITOR.

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### ANNOTATIONS.

**Ligation of the Internal Iliac Arteries for Prostatic Enlargement.**—Acting upon the analogy offered by the diminution in size of mammary and uterine myomata after diminishing their local blood supply, Bier, of Kiel, undertook a similar treatment in cases of enlarged prostates. By far the larger part of the blood supply to the prostate gland comes from the internal iliac arteries. These are most successfully ligated just after they leave the common iliac trunks.

The extra-peritoneal method was found the surest, and in well-etherized patients no harder than the trans-peritoneal operation with its extra danger. Even in cases where both arteries are to be ligated, Bier advises bilateral incisions rather than the median laparotomy. His incision is made about two fingers' breadth above Poupart's ligament and extends in a curved direction upwards the ribs, the convexity being about three fingers' breadth inside of the anterior superior spine of the ileum. The parietes are divided to the peritoneum, and after all bleeding is stopped, this is peeled away from the wall of the pelvis till the artery is reached. It is essential to have the pelvis well elevated. Owing to the free anastomosis in this region, no circulatory disturbance was noticed in any case.

The readiness with which such wounds as these heal, and the possibility of avoiding sepsis, are greatly to the advantage of this treatment over direct operation upon the prostate. The cases reported certainly show that a measure of relief is to be expected.

The patients aged from sixty to sixty-one, all presented typical cases of prostatic enlargement, frequent difficult micturition, residual urine, purulent cystitis and palpably enlarged glands. After the operation, the size of the prostate steadily diminished, in one case from the size of a hen's egg to the normal, inside of four months. Another case, in which catheterization had been necessary and the gland so large, that in digital examination by the rectum, the upper border could just be reached, presented the following condition sixty-four days later: The patient passes all his urine himself and without delay at desire. The upper border of the prostate is now easily passed without ether. The urethra is now only twenty-two centimetres long. Although there is considerable enlargement still, and the patient is obliged to pass water several times each night, there is an undoubted diminution in size of the gland, and the residual urine has steadily diminished in amount from 150 cubic centimetres to between 30 and 40. One case proved fatal from peritonitis, but had already shown an improvement in the urinary symptoms, not requiring catheterization as before. The autopsy showed a glandular hypertrophy of both halves, but less upon the left, the only side operated upon. Injection of the right hypogastric artery caused much less filling on the left side than on the right.—*The Epitome of Medicine.*

**Right to Use Geographical Names for Mineral Waters.**—Whether a geographical name may become a trade-mark when adopted as such, where its owner is the owner of the place of origin and has the monopoly of the vendible product, is an open question. But where a person alleges title to all the mineral springs situated in a certain place, and the exclusive right to the sale of the waters thereof, and that the name, as applied to said waters, has become of great value to him, and has always constituted an important and necessary incident and means to the sale of said waters, that such a name may be so used and will be protected against infringement by other persons not obtaining their product from the same locality, is well settled. So says the United States Circuit Court in the case of *La Republique Francaise vs. Schultze*, decided July 3, 1893, just now reported, 57 Fed. Rep., 37, where it holds that the word "Vichy," used in connection with mineral waters and derived from the locality in France where the waters are obtained, is a trade name or "non commercial," within the meaning of the industrial property treaty with France of 1883,

and as such, is entitled to protection in the United States, though it has not been deposited as required by the treaty in the case of trade-marks.—*Medical Record.*

**A Sign of Breech Presentation.**—When, in a woman who has passed the sixth month of pregnancy, a sharp pain is produced by placing the hand on the fundus uteri, it may be almost affirmed that there is a breech presentation. The fact is very frequent, although not constant, being present in about seventy per cent. of cases. The pain is sometimes spontaneous. How is it to be explained? According to Pinard, it is due to the irregular distension produced by the rounded mass of the head. If version is performed, the pain disappears.—*Med. and Surg. Reporter.*

**A Big Advance in Sanitary Science.**—The Michigan State Board of Health adopted the following resolution, September 30, 1893:

Resolved, that hereafter, consumption (and other diseases due to the bacillus tuberculosis) shall be included in the official list of "diseases dangerous to the public health," referred to in section 1675 and 1676, Howell's statutes, requiring notice by house-holders and physicians to the local health officer, as soon as such disease is recognized."

In a foot note, Henry B. Baker, the Secretary of the Michigan State Board, says: "In this resolution, the question of isolation of the patient is not mentioned. Its purpose is to secure to the local health authorities and to the State Board of Health information of the location of each case of this most dangerous disease, with the view of placing in the hands of the patient reliable information how to avoid giving the disease to others, and in the hands of those most endangered, information how to avoid contracting this disease.—*Texas Medical Jourual.*

**A New Sign in the Diagnosis of Typhoid Fever.**—In all cases of typhoid fever, in which he had an opportunity of observing during the two last big epidemics at Odessa, Dr. L. Filipowitch found a sign as yet not pointed out, which he has called "palmar-planter sign." This sign consists of a callous condition of the palmar and planter epithelium, along with a yellow coloration, which is sometimes orange or saffron like, and this on the elevated position of the palms and soles. In healthy subjects these are more or less rosy; in the cyanosed they become bluish.

He attributes this to a weak heart action, an incomplete filling of the capillaries, and to the dryness of the skin in typhoid cases.

Since this sign was so constantly present, Dr. Filipowitch looks on it as a possible pathognomonic sign of typhoid, which might be useful in diagnosis in the earlier stages of the disease.

Dr. A. Skibnevsky, another Russian physician, was able to confirm this observation during an epidemic of typhoid which broke out in the district of Moscow.

This sign disappears rapidly after convalescence sets in.—*The Canadian Practitioner.*

#### **The Bacillus of Loeffler in the Pharynx after Diphtheria.**

—Tubiesen (Centralblatt f. Bakteriologie, 1893, p. 587) publishes a study upon this interesting point. He states that the bacillus has been found in the throat after the fall of the membrane, as long as six weeks, by Roux and Versin and by Ritter. He, himself has frequently found it on the fourth, fifth and sixth day, and in one case on the tenth, twenty-second and thirty-first day after the fall of the membrane. The frequency of the bacillus under these conditions has no connection with the gravity of the case. Concerning the influence of complications in favoring the continued existence of the bacillus croup doubtful, but diphtheric coryza certainly does favor it. Among nineteen guinea-pigs, inoculated with the bacillus just derived, sixteen animals died within twenty-four hours, and the three remaining ones had either necrosis or paralysis. The natural conclusion of this study is, that diphtheria patients, after leaving the hospital, are very liable to communicate the disease to others. As a matter of fact, upon following up of such patients returning home, carrying the bacillus in the secretions of the mouth, Tubiesen has been able to find but one case of the disease, and that one doubtfully, to be referred to such a source of contagion.—*Am. J. Med. S.*

#### **Effect of Creasote on the Vitality of Tubercle Bacilli.**

—Albu and Weyl have submitted to bacteriological examination, the sputa of patients who have been for a long time under the creasote treatment. Among so treated for several months (three to seven) the amount of creasote ingested up to the date of examination varied from 205 to 480 grammes. Bacilli were found in the sputa, and inoculations made with the latter on rabbits and guinea-pigs developed tuberculosis, proving that the bacilli had not lost their virulence in spite of the large amount of creasote taken.—*The Epitome of Medicine.*

**Otis (W. K.) on Treatment of Suppurating Buboes.—**

Dr. Otis gives an account in the Journal of Cutaneous and Genito-Urinary diseases, May, 1892, of his treatment of suppurating buboes. The skin around the affected part is first rendered aseptic by scrubbing with soap and washing with sulphuric ether, and then bichloride of mercury solution 1 in 1000. A narrow bistoury is next inserted into the suppurating part and the contents well squeezed out. The cavity is now irrigated with a solution of mercuric chloride, 1 in 1000, and immediately filled to moderate distention with warm iodoform ointment (ten per cent.) introduced by means of an ordinary conical-pointed glass syringe. Care must be taken not to apply heat sufficient to liberate free iodine. On withdrawing the syringe from the wound, a cold compress, wet with bichloride solution, is applied, which solidifies the ointment at the orifice. A large compress of bichloride gauze is then applied and held in position by a spica syringe.

Sixteen cases were treated in this way, and of these, nine were cured in six days, three in twelve days, one in twenty-three days and two ceased attending during treatment. Otis claims for this procedure (1) That it is simple and safe; (2) In suitable cases cure as a rule seems to be more rapid than by any other method; (3) The patient is not prevented from going about during treatment; (4) The first gland being rendered thoroughly aseptic, other glands in the chain are less liable to become infected; (5) No scar is left; and (6) It does not interfere with the performance of any subsequent surgical procedure which may be required.—*N. Y. Medical Record.*

**Vaseline as a Lubricator.—**Novotny Memorabilien warns against the use of vaseline as a lubricator for sounds and other instruments introduced into the bladder, as he has twice found this substance left behind in the bladder, serving as a nidus about which a mass of ditritus had deposited of urinary sediments. In one case the quantity thus massed together upon a quantity of vaseline weighed ten grains.—*J. Med and Surg. Reporter.*

**Night Air.—**Before we hope to fight consumption with any chance of success we have got to get rid of the night-air superstition. Like the dread of cold water, raw fruit, etc., it is founded on mistrust of our instincts. It is probably the most prolific single cause of impaired health, even among the civilized nations of our enlightened age, through its absurdity rivals the

grossest delusions of the 'witchcraft era. The subjection of holy reason to hearsays could hardly go further. "Beware of the night wind; be sure and close your windows after dark!" In other words, " Beware of God's free air; be sure and infect your lungs with the stagnant ezotized and offensive atmosphere of your bedroom." In other words, " Beware of the rock-spring; stick to sewage." Is night air injurious? Since the day of creation that air has been breathed with impunity by millions of different animals—tender, delicate creatures, some of them, fawns, lambs, and young birds. The moist night air of the tropical forests is breathed with impunity by our next relatives, the anthropoid apes—the same apes that soon perish with consumption in the close, though generally well-warmed, atmosphere of our Northern menageries. Thousands of soldiers, hunters, and lumbermen sleep every night in tents and open sheds without the least injurious consequences. Men in the last stage of consumption have recovered by adopting a semi-savage mode of life, and camping outdoors in all but the stormiest nights. Is it the draught you fear or the contrast of temperature? Blacksmiths and railroad conductors seem to thrive under such influence.—*Medical Record.*

**Salophen as an Anti-Neuralgic and Anti-Rheumatic.**—Dr. Lutz has employed Salophen in cases where previously he had been accustomed to use Salicylic Acid, Phenacetine, Antipyrrine, Antifehrine, and Caffeine. Seventeen patients suffering from muscular pains in various parts of the body were greatly relieved. The remedy was given in 1 gramme doses three times daily, and later in much larger doses (2 to 3 grammes). No disturbances of the digestive tract were observed after single doses as large as 6 grammes and most of the patients stated that it was tasteless. The symptoms sometimes following the administration of Salicylate of Soda, such as tinnitus aurivm, headache, vertigo, etc., were never observed. After taking Salophen the patients usually experienced profuse sweating of variable duration. The remedy was also given in twenty cases of headache, due to various causes, in doses of 1 to 5 granimes. In three cases no change was noted while in seventeen the pains disappeared, or were greatly ameliorated. The effect ensued in from half an hour to four hours. In three cases of obstinate neuralgias, one due to tertiary syphilis, and two to tabes dorsalis, the pains were always relieved

by exhibition of 3 grammie doses. Seven cases of articular rheumatism were treated with Salophen, in two of which severe complications existed. In one of the cases the remedy was given in 8 grammie doses Pro Die to abort a recurrence and effected a reduction of the temperature to normal as early as the following day. Another patient who had marked fever was relieved in the course of a week by doses of 6 to 9 grammes daily, and after three weeks the swelling and redness of the joints had disappeared. In the five remaining cases which were less severe, the fever was reduced in two to six days, while the other symptoms vanished in from three to six days. The comparatively rapid reduction of fever in some cases led the author to try it as antipyretic in three cases of phthisis and he found that 3 grammes sufficed to lower the temperature from  $1.5^{\circ}$  to  $2^{\circ}$  C, the effect, however, not being very permanent. All of the patients, with one exception, even those who had taken Salophen for several weeks, stated that the remedy agreed much better with them than Salicylates. It was also noteworthy that the subjective condition even in the severest rheumatic cases, was influenced by administration of the drug even for a short period.—*Therapeutische Monatshefte, July, 1893.*

**Medical Fees in Berlin.**—Medical fees are fixed in Germany by law, in the same way that the fares of cabs are in other places (Boston M. and S. J.). A physician may decline to undertake a case for the legal fee; but if he does not stipulate before his first visit what amount he will demand, he can collect only the legal tariff. He is not obliged, as he is in Austria, to go to any case to which he is summoned. In the early part of the century, when Germany was poor, the medical fees were reduced, and until recently this small scale has been the law; for an ordinary visit seventy-five cents was allowed, and subsequent visits to the same case were marked at twenty-five cents, except in cases of infectious diseases, in which he could charge one dollar and a half for the first visit and thirty-three cents for subsequent ones. The general Medical Council has now drawn up a new scale which will probably become a law, by which a physician is allowed one dollar and a quarter for each two miles travelled up to ten miles, after that twenty cents for each two miles in addition; but if his journey is by rail, the charge is seventy-five an hour. For an ordinary first visit the rate is still seventy-five cents, or if he is sum-

moned at an inconvenient time, one dollar, and the following visits are fifty cents each. This scale does not include operations some of which are rated in the same degree of munificence, and others left to a special contract.—*Medical Review.*

**The Treatment of the Nausea and Vomiting of Pregnancy by Orexin.**—Frommel reported in the Centralblatt fur Gynakologie, 1893, No. 16, four cases of obstinate nausea and vomiting of pregnancy treated by orexin. The effect upon all was excellent, although during previous pregnancies some of the patients had been persistently sick. The dose of orexin was five grains given twice or three times in water or gelatin capsules.—*The American Journal of Medical Science.*

**Swallowed Cholera Bacilli.**—Professor Pettenkofer and Professor Emmerich, who have been conducting a series of experiments with cholera bacilli, say that, as far as they have been able to learn, local, and not individual conditions, engender the epidemic. Both men have swallowed large numbers of cholera bacilli, and yet, but for slight diarrhoea, neither of them suffered any inconveniences. The result of the experiments was a surprise to Professor Pettenkofer, whose theory formerly was that the taking of any large number of comma bacilli into the system would be followed by cholera.—*Medical Record.*

**The Tongue in Influenza.**—Faisans recently made an interesting communication to the Society Medicale des Hopitaux concerning the tongue in grip. Its special characteristic is an opaline tint of bluish white, sometimes uniformly distributed and again appearing in patches. This porcelain appearance of the tongue is often the first definite sign of grip and accompanies the vague malaise that precedes the disease. It always appears during the first two or three days. As long as the condition is present, the patient is by no means well, though recovery may be apparent. Complications may arise as long as the opaline tint remains. The tongue is not altered in form or dimensions, nor is it ever dry unless some phlegmonous inflammation is imminent or has already begun. If there is a catarrh of the digestive tract, and the tongue becomes heavily coated, the opaline tint is still visible about the borders, and may show through the coating in places. Cathartics may help clear up furred tongue, but its characteristic porcelain effect remains. In pneumonia complicating grip, the

tongue dries up without effect upon the opaline tint upon its borders. In a case of supposed meningitis in a child, the peculiar appearance of the tongue served to establish the diagnosis of grip, a diagnosis verified by subsequent events. Sometimes there is lingual desquamation, as in scarlet fever.—*Medical Record*.

**Salicylic Acid as a Vermifuge.**—Ozegowski, Norwing Lekarski, recommends the use of salicylic acid for the expulsion of tape-worms. On the day preceding the treatment, the patient fasts and takes an ounce of castor oil in the evening. On the following morning another half ounce of oil is taken at seven o'clock. Beginning at eight o'clock one gramme of salicylic acid is taken every hour for four hours. If the tape-worm is not expelled within an hour after the fourth dose has been taken, another dose of castor oil is prescribed, when the parasite is generally discharged. Only one failure is reported in twenty cases in which this remedy was employed.—*The Canada Lancet*.

**Food Value and Digestibility of Canned Vegetables.**—A point of some importance brought out by the work of the Department of Agriculture and recorded in Bulletin No. 13, is the low food value of canned goods, especially of canned vegetables. Chemical analysis of such products shows that the amount of dry food material contained in a large number of them is exceedingly small. Thus, in string beans, of American origin, some samples contained as low a percentage of dry solid matter as 4.17. “The price of the packages of string beans varied within wide limits, depending both upon the size of the package and the label they bore. The highest price paid was thirty-five cents, and the weight of the contents of the package was a little over three pounds. The lowest price paid was ten cents, and this was paid in many instances. The highest price paid, according to the percentage of dry matter was in sample 10 928, costing thirty cents, and containing only 254 grains of string beans, 31.1 grams of dry matter and 94.37 per cent of water. The price of the dry matter in this package was nearly one cent per gram, which would be almost \$5 per pound. The enormous cost of food in canned goods is illustrated to the fullest extent by this sample, showing in a striking way that such food materials must be regarded in the light of luxuries or condiments rather than as nutrients to support a healthy organism.” Further, the low nutrient value of many such food preparations is plainly indicated by the following sum-

mary regarding the character of the dry matter contained in the above mentioned sample of string beans. "The dry matter of this sample contained 0.46 per cent of matter soluble in ether, presumably of an oily or fatty nature; 8.67 per cent of indigestible fibre; 25.5 per cent of mineral matter, of which 18.37 per cent was common salt and 6.68 per cent of other mineral substances. Of nitrogenous matter in the form of albuminoids, it contained 16.16 per cent, of which 11.23 per cent were digestible. Of carbohydrates, including sugar, starch, etc., it contained 49.63 per cent. Of the total solid matter present, only 69.19 per cent were digestible. Thus, the digestible matter cost about one-third more or about \$6.50 per pound." It is thus very evident that, so far as food value is concerned, the above preparation is an extremely expensive luxury, possessing nutrient qualities not at all commensurate with the cost.

A careful study of all the tabulated results contained in this report indicates that the process of canning, especially when preservatives such as salicylic acid and sulphites are employed, lessens decidedly the digestibility of the proteids and albuminoids contained in the various vegetables. Thus an analysis of a sample of baked beans showed 67.44 per cent of water and 32.56 per cent of dry matter. Of the dry matter, 23.5 per cent were composed of albuminoids, of which only 83.7 per cent were digestible. Analysis of canned corn showed similar results; thus, one sample taken as a type, showed 28.10 per cent of solid matter and 3.19 per cent of albuminoids. Of the dry matter, 11.38 per cent were composed of albuminoids, of which only 79.44 per cent were digestible. A careful perusal of the many data contained in this report bearing upon the nutritive value of the various vegetables examined will certainly convince all unprejudiced persons "that the use of canned vegetables is, upon the whole, an expensive luxury." To the person seeking to invest his money wisely, and with a view to obtaining as large an amount of nutritive matter for the outlay as possible, canned goods of this description are a delusion. "An expenditure of ten or fifteen cents for a good article of flour or meal will procure as much nutriment for a family as the investment of \$3 or \$4 in canned goods would."—*The Dietetic and Hygienic Gazette.*

**The Treatment of Warts.**—Prof. Kaposi, of Vienna (*La Semaine Medicale*, No. 52, 1893), recommends, when the warts are solitary, removal by the knife, but when multiple, and especially on the face, he employes the applications of thuya accidentalis or fuming nitric acid. Vegetations are best treated by dusting with resorcin or salicylic acid, or a plaster of 10 to 20 per cent. Resorcin, if applied for a long time, acts as a caustic, and may irritate the surrounding normal skin. These same topical applications are also excellent in keratosis palmaris and plantaris, even when they are not wart-like. In multiple warts of the face, he employs the following:

R Flower of sulphur . . . . . gms. 20 (dr. v)  
Glycerine . . . . . . . . . gms. 50 (oz 1 ss)  
Pure con. acetic acid . . . . . gms. 10 (dr ii ss)

Apply locally to each wart.

They dry up, become bluish and drop off. Continue this for several days. In mollusciform nevi, electrolysis is the best treatment, except when the tumors are voluminous, when the galvano-cautery or caustic may be used.—*Lancet*.

**A Method of Passing a Gum-elastic Catheter in Cases of Prostatic Enlargement.**—To overcome the obstruction met with in passing gum-elastic catheters in cases of prostatic enlargement, Dr. Philip had devised the following simple, and at the same time, ingenious method: He passes a needle armed with a stout thread, by the eye of the catheter, to the apex, and pushes it through on the concave side. The thread is then pulled through to the knot at its end. The catheter thus threaded is passed into the urethra until the obstruction is met; then, by gently drawing on the thread, the point of the catheter is raised above the obstruction and passed into the bladder easily.

If the prostate be very large, by pressing over the hypogastrium with the hand, the passage is facilitated.—*Lyon Medical*.

**“Giving the Quilt.”**—The queen, says *Hearth and Home*, is an expert and indefatigable knitter. During the Egyptian campaign she and the ladies of the household employed themselves in knitting quilts, which, at the end of the war, were sent to Netley hospital for the use of the wounded. One of these, made entirely by Her Majesty, and bearing an elaborate V. R. in the center, was the coverlet par excellence of the institution, and in universal demand for a time. In assessing the claims of the can-

dicates for the honor of sleeping under it, the medical staff naturally gave the precedence to the most severely wounded, and as the most severely wounded was the one most likely to die, very soon, alas! an evil omen attached itself to the distinction, the climax of which was reached one night when a poor soldier, feeling some one touching his bedclothes, woke up with the perspiration pouring down his face, and cried out, "Oh, sir, do anything you like with me, but for God's sake don't give me the quilt."—*The Med. and Surg. Reporter.*

**Surgeon's Plaster in Chilblains.**—Dr. Goemer (Medizinische Neuigkeiten), finds surgeon's plaster to be a simple and reliable remedy in chilblains. It is especially serviceable when the feet are attacked. It is easily applied to the big toe and heel. A salicylated plaster of greater value, as it helps any decorticated spots to heal. The plaster is applied and allowed to remain on for three days, when the trouble will be found cured. After this, it will possibly have to be renewed on account of its soiling easily. It may be used on the hands of cooks, and those who work in water.—*Western Medical Reporter.*

## REVIEWS AND BOOK NOTICES.

**Syllabus of Lectures on the Practice of Surgery.**—Arraigned in Conformity with the American Text-Book of Surgery. By N. Senn, M. D., Ph. D., L. L. D., Chicago. Professor of the Practice of Surgery and Clinical Surgery in Rush Medical College; Professor of Surgery in the Chicago Polyclinic; Attending Surgeon to the Presbyterian Hospital; Surgeon-in-Chief St. Joseph's Hospital; President, Association of Military Surgeons of the National Guard of the United States; Ex-President American Surgical Association; Honorary Member of the Academy of Medicine of Mexico, etc., etc. Philadelphia, W. B. Saunders, 925 Walnut Street, 1894.

This is a most valuable work in connection with the American Text-Book of Surgery. The following quotation from Dr. Senn's preface is not out of place: "Every teacher of surgery must have felt the need of some short guide to aid him in the lecture room in presenting the various subjects in a systematic, clear, succinct and practical manner. The student of surgery during his early college experience is often bewildered by what he hears and reads, and keenly experiences that want of something which would enable him to separate the chaff from the wheat, to memorize

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facts which he is expected to retain and apply at the bedside during his future professional career." This little book has been written to meet these requirements.

The work is to be commended, particularly to those who are interested in teaching surgery, in any way whatever. A. V.

**The Principles and Practice of Surgery.**—By John Ashurst, Jr., M. D., Barton Professor of Surgery and Clinical Surgery in the University of Pennsylvania, Surgeon to the Pennsylvania Hospital, Philadelphia. New (6th) edition, enlarged and thoroughly revised. In one octavo volume of 1161 pages, with 656 engravings and a colored plate. Cloth, \$6.00; leather, \$7.00. Philadelphia, Lea Brothers & Co., 1893.

The author of this work is certainly to be congratulated in that while he has reserved that which was so valuable in the previous editions, he has been able to add in a connected manner, all that pertains to the modern advances in surgery. The very fact of the work reaching its sixth edition, is an evidence of the faith and confidence American surgeons have in it. It is certainly up to date, clear, concise in the language used, and is deserving of the further support of the profession.

The publishers have done their work in a creditable manner. A. V.

**A Practical Treatise on Materia Medica and Therapeutics.**—By Roberts Bartholow, M. A., M. D., LL. D. Eighth edition. Revised and Enlarged. D. Appleton & Co., N. Y. 1893.

The introduction of the decimal system in the revised edition of 1890 of the United States Pharmacopœia, in place of the old apothecaries method of weights and measures, as well as the omission of many old, and the addition of numerous new remedies, together with the several changes in the strength of some of the older preparations, will necessitate a rewriting of all the *Materia Medicas*.

The first of the larger works revised to conform to new conditions, that has come to hand, is the *Materia Medica and Therapeutics* by Bartholow.

The author of this work being one of the Committee of Revision, has had early and abundant opportunity to note the various changes, and has thus, perhaps, succeeded in producing his work before any of his competitors.

In contemplating this edition, the author has wisely admitted and discussed in its pages, some of the remedies of the snythetical order, such as antipyrine phenacetine, sulphonal, etc., which are now much employed by physicians, and regarding which, information as to their pharmacological or therapeutic actions, is frequently sought. But, which, being prepared by secret processes or protected by letters patent, are not recognized as official by our pharmacopœia.

The same excellent plan is this edition, the eighth, has been followed as in the former ones. The book, now, is essentially modern, and abreast of the times in all respects.

The student or practitioner who purchases this edition will need nothing further, until another decade has passed and a new revision of the the pharmacopœia is issued.

**Annual of the Universal Medical Sciences.**—A yearly report of the progress of the general sanitary sciences throughout the world. Edited by Charles E. Sajous, M. D., and seventy associate editors. Assisted by over 200 corresponding editors, collaborators and correspondents. Illustrated with chromo-lithographs, engravings and maps. The F. A. Davis & Co., Philadelphia, Pa.

The present, the sixth, issue of the Annual differs from its predecessors in that it has enlarged its scope, influence and value by the acquisition among its associate editorial staff, of a number of distinguished specialists of European countries.

The interest which should be aroused among physicians in the Old Country by this endeavor to assimilate the work of foreign speaking races with our own, will be of value to them, and will surely react to the advantage of the profession in this country, as it will make the best scientific papers of our thinkers and workers known, and their values recognized among our confreres on the other side of the ocean, and will encourage foreigners to record their experience in the Annual to the mutual advantage and understanding among the profession of many countries, and will thus make the Annual much more universal and valuable than ever before.

A careful scrutiny of any of the topics reviewed will reveal the same conscientious care in the selection of articles that are worthy of permanent record, and the same clear, concise handling of the subjects that characterized the former issues.

For those who cannot afford to take many medical journals, this Annual, at a moderate price, affords the most complete and condensed epitome of the progress during the preceding year in every department of medicine, and for all practitioners, and especially for those who are interested in any special subject, it shows at once where the best, original, recent articles on that topic may be found. Which valuable features are shared by no other publication in the English language.

**Outlines of Practical Hygiene Adapted to American Conditions,** by C. Gilman Currier, M. D. E. B. Treat, 5 Cooper Union, New York. 1893.

The science of preventive medicine is yearly making rapid strides, and as its fact becomes better known, its importance to all men, the laity as well as those of the medical profession, is more and more recognized and its teachings more intelligently followed.

Many of the best works that have been written on the subject of hygiene are the productions of authors of foreign countries where the problems, under monarchical forms of government, are often somewhat different from the conditions prevailing in this country.

To present the subject in as practical a light as possible and at the same to suit the needs of our own countrymen, the author has prepared this work.

In a small compass, unencumbered with verbiage, are given clear expositions of sanitary objects, both as relating to the individual as well as the community at large. Among the numerous subjects treated may be mentioned those chapters on clothing and protection of the body; bathing and personal hygiene, physical exercise; foods, food preparation; diet; water supplies; schools and their influence on health; lighting; heating; ventilation; disposed of fluid and solid refuse; and the disposal of the dead; bacteria and disease; infectious diseases; disinfection; and restriction of communicable diseases.

The book is well written, the choice of subjects intelligently made, and the handling of the topics admirably done. The illustrations are numerous and satisfactory. By its perusal one may obtain a good general review of the subjects of hygiene and preventive medicine, and may rely on the suggestions made, as being in conformity with the best modern usage.

THE

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## Some Points Regarding Eczema.\*

By F. C. CURTIS, M. D.

It has been well said that eczema is the keystone of dermatology. I would say more than this; I had rather know all about eczema than any other disease. Note how much this would imply—a knowledge of all the complicated process of digestion and its deviations from an orderly course, out of which would come light to illuminate the host of other ills, chronic and acute, that we believe depend upon it in some way; of the refined processes of elimination and the part taken in it by the kidneys, the liver and other organs that have to do with it; of the delicate and inscrutable methods by which nervous energy is elaborated, presided over and made operative on every cell and bit of living matter in the body; the bearing of hereditary influences and their transmission to succeeding generations.

In fact we would know a great deal more than anyone now knows of the normal and abnormal machinery of the body. But to know eczema thoroughly we would possess, in learning the relations of this one disease, a knowledge of what is at present attained sufficient to carry us well through the pathological processes of the great part of the diseases, not of skin only, but of the body generally. There are few diseases besides this one to which an entire volume has been devoted

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\*Read before the Albany County Medical Society, December 13, 1893.

by more than one author. I doubt if there is another disease concerning which so much has been written. I say this, not to magnify my theme, but to put an emphasis upon facts regarding it which I think might be better appreciated.

It is *the* disease of the skin that is of preponderating importance, the one best deserving and best repaying careful study, not only because it is a distressing malady, as well as the most common of the diseases of the skin, but because this study will aid in the management of nearly every cutaneous affection. More than one-third of the cases of skin diseases coming for treatment are eczema. It is, moreover, a disease which the curative powers of nature are not generally able to cope with unaided. It endures indefinitely. We see cases which have lasted for years, more or less constantly; at least half the cases will have a duration of more than a year. It is, nevertheless, a curable disease and one which, of all diseases, owes its relief to artificial means.

It affects all ages and is protean in its forms; consequently I despair of finding a concise definition for it. Bulkley has a fairly comprehensive one—"A non-contagious, inflammatory disease of the skin, of constitutional origin, acute or chronic in character, manifesting any or all of the results of inflammation at once or in succession, and accompanied by burning or itching."

This enumerates its prominent characteristics, but makes no attempt to describe its lesions. To do this in a sentence is manifestly impossible. Clinically the disease has many types. It is not the same disease on a baby that it is on an old man; it isn't the same on the face that is on the scalp or hand in the same subject; with varying degrees of intensity and varying stages of acuteness or chronicity, it presents itself with different lesions and suggests many ways of treating. But as Hebra says: "Observation of the natural course of an attack of eczema furnishes the most unassailable proof of the connection between its various forms." To use a popular word, there is a solidarity to the disease which includes them all.

Its apparent clinical complexity is resolvable into a reasonable simplicity when note is made of the conditions existing.

The delicate, succulent skin of an infant's face will not be expected to be affected in the same way as the senile skin of an old man, by an inflammatory process, nor the palm the same as the inside of the thigh; neither will an active, acute process produce lesions resembling those in which the process is moderate or in abeyance. The variations then in lesions due to intensity of the inflammation, to locality of eruption, to the age of the subject are thus readily resolvable. We can simplify them into an orderly sequence: it sets in with a moderately intense inflammation on a part which resists, and we have the erythematous form, which is a pure type, often held to throughout its course—it is best seen on the faces of old persons; the skin is red, slightly scaly, infiltrated; the exudate is retained in the meshes of the skin and becomes organized—then, let the process be still moderate in intensity and limited to circumscribed portions of the skin, primarily the follicles, and we have another pure type which will probably continue to the end, the popular variety, once known as simple lichen, a term now no longer heard of; this is most often seen on the exterior surface of the forearm—then, with intensity of action and recurring where it most chooses to come on the thinner, more delicate and more highly nourished tissues with blood vessels near the surface, the exudate quickly reaches the surface, lifts the epidermis in closely set vesicles, or in persons of suitable habit in pustules, and we have the type and name variety, the vesicular, the vesicles speedily losing their epithelial covering, the skin its dry, protective epidermis, and the oozing, red, œdematosus, infiltrated patch of typical eczema, most common and altogether classical. Let this, or either of the other forms, separately or intermingled, on one or on various parts of the cutaneous surface, proceed to an inactive, but persistent grade of inflammation and we have varieties of chronic eczema and have placed before ourselves all that is to be said of it as to its variety of manifestation.

The question, why some people have eczema, is interesting, but as constantly propounded to us by the people admits of unsatisfactory answer, in which it is not alone. But etiology is the constant query of the profession as well. It deals with the obscure into which we are all the time pushing. Find the cause and we are a long way toward a cure. A paper was read at the Pan-American congress arguing for a parasitic origin, and proposing the parasite; Unna holds similar views. But the profession, which as a whole is ready to adopt this solution now-a-days for many diseases, does not accept it for eczema; as Crocker says, the hypothesis creates more difficulties than it solves. If one should set out to enumerate all the conditions under which eczema is found occurring, the list would be a lengthy one. In a paper before the State society Bulkley tabulated more than fifty, and I am certain his list does not include all. The fact is, so far as we can judge from clinical observation, the old strife between the French and the German schools for an internal and a local origin is simply from looking on one side of the shield; both operate. If internal disorders and inherited diseases do not operate, why do babies with intestinal derangement or badly fed so often have it, or those which are the last of a quickly following series, or whose mothers feed them on milk eked out by liberal potations of beer and tea; or in men getting past middle life, who by too liberal diet and too little exercise clog their digestive machinery and so, or on the other hand by deficient food, produce defective nutrition. Why is it one of the signs and sequences of decay and defective elimination in old people, and why do some women have eczema only when they are pregnant? On the other hand, if local causes are not to be held operative, why do adults who stand much, have eczema of the legs, that part remotest from the circulatory centre. Who do we see it come so often in the dry skin of ichthyosis? Why do chemical and mechanical irritants set it up, mineral dyes, sulphur, animal secretions as urine and nasal mucus, scratching and frictions? The fact is, all these clearly operate, and their like. The ingrained

belief in "bad blood" is a half truth, and the effect of local irritants and conditions is beyond a question. But that all of them exist in quantities of people who never have eczema, as well as the very number of the causes themselves force an admission of their inadequacy as of purely causative value. Is there no way by which they can be accounted for by a single generalization?

Hebra laid greatest weight upon what he denominated "faulty innervation"; and Crocker endorses it with more satisfactory definition. He suggests that "the chief factor is a reflex irritation of the nervous centres, producing a dilatation of the capillaries in different regions of the skin, possibly through an inhibitory influence over the vaso-motor centre." This irritation may originate in a distant organ, the digestive apparatus or the uterus; in others, in the skin itself. Can we not go further than this tracing to the circulatory vessels and find the minutest terminals of nerve tissues reaching into the intercellular structure of the malpighian layer itself, and presiding over the action of the minute working, vital cells that are at the bottoms here and elsewhere of and carrying on the work of tissue building, operating to produce a distortion of this work in the living matter, the protoplasmic bodies, of the skin, which in health they can conserve and in disease impair. We have not gotten to the bottom of nervous energy and operation. The solution of this and many problems must lie in study there.

Meantime a simpler answer to the question, "why a given individual among numbers exposed to like conditions has eczema," must be given, viz: because of individual vulnerability towards eczema. I cannot go beyond that nor tell why it exists in one and not in another.

Of the treatment of eczema, I offer a few generalizations. Concerning internal conditions, I will only say, rectify such as call for it. I doubt the value of any special internal medication; it must vary as widely as the conditions themselves.

As a general rule some faulty internal condition will be found to exist with an etiological bearing upon the case.

Persevering attempts must be made to get rid of these. In a disease having such wide relations, this is often difficult. One of the commonest sources of reflex irritation is in that inner skin, lining the alimentary canal, which has such close relations with numerous cutaneous affections. Babies and older children are improperly fed. This must be regulated. Constipation is a constant source of trouble and calls for judicious efforts to remedy. I have seen doses of  $\frac{1}{4}$  gr. of calamel with soda help wonderfully when given occasionally to small children. With adults, the aloes and iron pills serve a good purpose. The entire habit of the individual must be consulted in this medication for constipation. Dyspepsia in children and adults must be largely remedied by proper feeding. A plain, regular, nutritious diet, rightly eaten will do more than drugs. It is often extraordinary how much the too congested skin in active eczema is relieved by attention to the alimentary canal and digestive organs.

Of the effect of gout or rheumatism and remedies for it, I have less direct testimony to bear. I have an idea that these conditions commence, primarily, with the digestive process, and their remedy should commence there. But, without doubt, eliminants, especially those acting on the kidneys, are of material service in generalized eczema which may be due to this class of causes. The anaemic, the generally debilitated, the strumous subjects all want their especial remedies. I would suggest that in numerous cases of overworked debilitated people, the mineral acids, and especially nitric acid, mex vomica does a great deal of good; and it is in these that arsenic will be found doing good, but it should never be given to persons whose digestive apparatus is at fault, nor in eczema unless it is quiescent.

As to the treatment of the proposed nervous disorder which I have suggested as having a close etiological bearing on this disease, I wait for the neurologists to propose a remedy. To a large degree, its action is intermediate, and Crocker reports successful results following counter-irritation over the vaso-motor centres of the affected part, as the application of heat

or mustard or a blister to the nap of the neck for eczema of the upper half of the body, and over the lower dorsal or lumbar vertebræ when the lower part is affected. In general, I would say as to internal treatment, remove the irritating cause.

The local treatment must likewise commence with removal of the irritating cause, if one exists. Eczema of the legs will not begin to disappear until the overburdened veins and the sequent innutrition are relieved. Occupations that necessitate irritation of the skin must be suspended. Scratching the itchy surface must be put a stop to. Unhealthy discharges and the like are to be remedied; so must irritating clothing. These things go without saying.

The proper local application must be one which considers the character and the intensity of the inflammation. Soothing, astringent and antiseptic appliances are of the first value. Protect an acute eczema, and do it constantly. This is a rule without exception. Then when less intense, in addition use such things as soften the tissues, and favor removal of the products of inflammation that always more or less deeply infiltrate the skin. First in mildness of degree is the alkaline bath or lotion; it must be followed at once by the protective. One of the simplest, is the borax lotion, largely useful in infantile eczema, and the simplest protective of wide application is the Lassar's paste, made up of an inert, insoluble powder such as oxide of zinc or bismuth, with corn starch and a little salicylic acid, and vaseline as a menstruum.

More stimulation for old, chronic eczema is found in green soap or the solution of caustic potash and tar, which act quickly in some localities, and are necessary to promote the resolution of the infiltrated matter. Then comes the salts of mercury and the tars, which incorporated with the protective ointment in their way act with a like stimulating influence on the more succulent parts of the skin surface. This proper selection of stimulating agents with constant protection by washes, or pastes or ointments, constitute the principle of local treatment of this disease. Nothing will do a baby's face

so much good as to apply a mask over the ointment, snugly fastened on—then keep it out of doors. Some eczemas will do very well with a constant fixed bandage, holding proper ointment-spread cloths in place without change for several days. The mechanical effect of bandages for the legs must be remembered. The only way, otherwise, to heal eczema of this part, is to keep the subject in bed. The best think I have found of late, is the stockinet bandage, which is freer than any other from the disadvantages of leg bandages.

Some of the conditions upon which eczema depends are hard to reach. This is true of other chronic ailments, not alone those of the cutaneous surface. The subjects have to be almost made anew, to get rid of them. Nevertheless, the general proposition holds true that it is a curable disease. The indications are simple and direct. What you do or prescribe internally, give for the patient's best health; what you do locally must be to quiet inflammation and remove its products. These are the direct aims. There are a legion of remedies, and new ones constantly proposed. You can get along with very few, and the old ones are mostly better than the new.

## Obituary.

### Dr. Willard C. Marselius.

At a special meeting of the Medical Society of the County of Albany, held on December 26th, 1893, the following report and obituary on the death of Dr. Willard C. Marselius were read, and the Society then adjourned, to meet again at 4 P. M. in order to attend in a body, the funeral of its late member.

MR. PRESIDENT:—

As the mouth-piece of this society on this occasion your committee records the sadness and sense of loss we all feel because of the death of one of our esteemed members. As

you have just announced, Dr. Willard C. Marselius passed away from his active life among us last Sunday morning, December 24th. Death we are prepared for when it closes a long, well rounded life, that has pushed on through a lengthy course, with its earnest purposes well accomplished, and its evening of quiet repose attained. But when it comes before the enthusiasm of youth has lost its edge, when all that makes life—its work, its aspirations, its intimate touch with mankind—are at their uppermost we wonder, we are startled, we cannot but be filled with keen regret. The potentialities wrapped in him are great, and we have lost them: we can only measure them when an untimely end comes, by what has been accomplished in the time given, and sum them up in our record of the man. This each of us all will do for himself for our friend who is gone, and so we will do for each other in the bottom of our hearts with the inevitable logic of fact, when God calls us away. Is it not the part of wisdom to weave a record each day that is given us that shall be sweet in the sight of God and man?

A memorial of Dr. Marselius will be prepared by another member of your committee, and so a sketch of his life will not be in place in this introductory portion of its report. He has been of our number for eight years. Long enough for us to have come in contact with him, and more or less to learn him. They have been busy years of usefulness, in connection with the work of a leading centre of professional activity.

He has always seemed to be one who was entirely willing to allow actions to speak for him. There has been an utter absence of pretence about him. He was a man of truthfulness and sincerity, sterling and fundamental qualities in every character. He was faithful to his work, and with a good mind equipped by extended general and professional study he was a most efficient physician. He had a kindly, warm-hearted nature, and won the esteem of those who came under his charge. To which we of the committee can speak from the testimony we have heard from those who have bought his counsel and care. He was prized especially by those of his professional associates with whom he was more immediately a work-fellow, and to Dr. Van Der Veer especially, his death comes with sad force, not only as a relative, but as an office associate, whose help was most highly prized.

To all of us, the fact of the death of Dr. Marselius comes with a sense of deprivation, and we wish to make record of our feeling of having lost by it, one who was, in his private

life, a loyal friend who drew us to him by his unfailing courtesy and goodness of heart, as well as by his genuine integrity of purpose, and in whom in our professional relations we always found him trustworthy, prudent and honorable, and thoroughly fitted for his work. He was a good friend, a good physician and a good citizen.

We desire a minute of this to be entered upon the records of this society, and together with the expression of our warm sympathy, sent to his wife and friends,

F. C. Curtis,  
J. V. Hennessy,  
Joseph D. Craig,  
Robert Babcock,  
H. S. Mereness,

*Committee.*

The funeral of Dr. Willard C. Marselius, whose sudden death on December 24th, 1893, startled our community and saddened so many hearts, was held December 26th, at 4 p. m., at his late home 144 State street. It was attended by the Albany County Medical Society in a body, and by the friends of the deceased, who sorrowfully could thus pay their last tribute to one of Albany's younger physicians, and honored citizens.

Dr. Marselius was born in the town of Glenville, near Scotia, Schenectady Co., N. Y., on February 1st, 1857. He was of Dutch descent, as the ancestors of both his father and mother were among the first Holland settlers in this State. He received his preliminary education in the public schools and entered the Fort Edward Collegiate Institute from which he graduated in 1878, and that fall, entered Union College, graduating in 1881 with the degree A. B., and having the degree of A. M. conferred upon him three years later. In the fall of 1881 he entered the Albany Medical College, graduating in 1884. He began the practice of medicine at Phillipsport, Sullivan Co., N. Y., and after a few years, removed to Port Jackson to resume the practice left by F. O. Cornell. In 1886 he became associated with his uncle Dr. Albert Van Derveer, and continued in this relation until his death Dec. 24th, 1893.

He was married to Miss Eva Gertrude Wheeler, of Ticonderoga, N. Y., on September 12th, 1893, and after a pleasant journey to the World's Fair, they returned to this city and began their married life in a house on State street, the future lying apparently so bright before them.

At the time of his death he was a member of the County Medical Society and of the Holland Society, and at the formation of the Albany Club, was one of the charter members.

In his preparatory course as well as in his college course, he was the same earnest and industrious student as marked him in his medical course and active practice. While at Union College he took the scientific course, and was especially competent as a draughtsman, applying himself so ardently that he weakened his eyes. He always seemed older than his classmates, not entering personally into themselves, but always enjoying them, and loyal to his class.

We have often heard it said "that the memory of the just shall be blessed," but we do not seem to realize it until our own lives are made nobler by our losses. It is natural for us to miss our friends, the warm grasp of their hands, the kindly tone of their voice and their sympathetic greeting.

The world often judges a man's career by their good fortune and not by their own perseverance and worth. Dr. Marselius had a good education, and was fortunate in being able to display his knowledge and skill in his soon acquired practice. When he began his professional life as a resident of this city, he soon found himself in circumstances fitted at once to encourage and strengthen him, with an ample field for labor and in a circle of kindred spirits ready to meet him in goodly co-operation. Although a young practitioner, he was rightly independent in stating his own opinions, but still honorable, and when a mistake had been made, willing to acknowledge it, and to this excellent professional character he added those graces which rendered him esteemed as a citizen and beloved as a friend. He was a cautious and conservative practitioner, not easily led astray by every new idea. His judgment was clear and decisive. His mind strong and act-

ive. His word, when pledged, was steadfastness itself, and there never was any doubt of its fulfillment; trained from childhood to habits of industry and perseverance of virtue, integrity and honor, Dr. Marselius was prepared to fight the battle of life nobly and successfully.

He had the happy faculty of securing the confidence, esteem and love of his patients. He knew how to soothe the troubled and enfeebled minds of the sick; to calm the impatience and fretfulness of the suffering, and to rouse the courage of the timid and despairing. There was in his words and manner, a mingling of kindness, sincerity and indications of a noble character, and the more intimately one became acquainted with him, the greater was their esteem for his virtues, admiration for his character, and appreciation of the value of his friendship. He was simple in his tastes and in all his habits of life. He had neither time nor taste for superfluous ornamentation. Modesty and manliness were a part of his nature. His integrity was high-toned. He could not degrade his manly nature by any mean or dishonest conduct. He fulfilled the measure of his manhood to the fullest extent and in the most honorable, upright manner.

After a wearying day of professional duty, a few hours passed with congenial friends and companions proved to him a refreshing relaxation. He was a welcomed member of his club, for the pleasure he gave by his genial manners, ready wit and various conversational powers. He will be missed by those friends, who were accustomed to enjoy his generous hospitality; his ever fresh and youthful sympathy, and most of all by her, who found in him, not only a kind husband, but a loving and sympathetic companion. All who knew him, admired him, while those who knew him best, loved and honored him more. Taken from us at the dawn of his practice and usefulness, respected and honored, he leaves to us the rich legacy of a noble example, a spotless name, a useful life.

R. C. BABCOCK.

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## Eighty-eighth Annual Meeting of the Medical Society of the State of New York, 1894.

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### PROVISIONAL PROGRAMME.

The Annual Meeting will be held Tuesday, Wednesday and Thursday, February 6, 7 and 8, in the City Hall, at Albany, commencing at 9:15 A. M., Tuesday, and ending at 1 P. M. on Thursday.

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#### TUESDAY.

MORNING SESSION AT 9:15 O'CLOCK.

President's Inaugural Address.

Appointment of Committees.

Executive Business.

Special Order at 10 A. M. to consider Resolution to Amend the By-Laws.

#### PAPERS.

Hemorrhagic Serous Effusion of the Pleura, with Report of a Unique Case: William M. Cheesman, M. D., Auburn.

Researches on the Eliminating power of Diseases, and the Relation between Vaccinia and Enteric Fever: William Finder, M. D., Troy.

Pneumonia of the Aged: John H. Pryor, M. D., Buffalo.

Diagnosis and Nomenclature of Fevers—2d Paper: Nelson G. Richmond, M. D., Fredonia.

The Therapeutics of Oxygen: Arnold W. Catlin, M. D., Brooklyn.

Simple Methods in the Diagnosis of Nervous Diseases: E. C. Spitzka, M. D., New York.

## DISCUSSIONS ON DIPHTHERIA.

ARRANGED BY A. WALTER SUITER, M. D.

Pathology—Status Praesens: Thomas E. Satterthwaite, M. D., New York.

Observations on Diagnosis, and some Sanitary Aspects: A. Walter Suiter, M. D., Herkimer.

Croup and Diphtheria—Unity or Duality: William H. Daly, M. D., Pittsburgh, Pa.

The Comparative Status of Intubation of the Larynx: Joseph O'Dwyer, M. D., New York.

Complicated Intubation of the Larynx: William Hailes, M. D., Albany.

The Local Treatment: Abraham Jacobi, M. D., New York.

The General Treatment: Edward F. Brush, M. D., Mount Vernon.

The Use of Tartar Emetic in Diphtheria: H. DeV. Pratt, M. D., Elmira.

## AFTERNOON SESSION, 2:15 O'CLOCK.

Call to Order.

Executive Business.

## PAPERS.

Treatment of Depressions in Skull of New Born: David D. Jennings, M. D., New York.

Immediate Trachelorrhaphy: Henry C. Coe, M. D., New York.

Lympho-Adenoma of the Uterus: H. J. Boldt, M. D., New York.

Senile Endometritis: A. J. C. Skene, M. D., New York.

Treatment of Endometritis: Herman E. Hayd, M. D., Buffalo.

Nine Years' Experience with Alexander's Operation for Shortening the Round Ligaments of the Uterus: Paul F. Munde, M. D., New York.

Pelvic Abscess: Walter B. Chase, M. D., Brooklyn.

A case of Hysterectomy for Retention of the Menses: William Gardner, M. D., Montreal.

#### DISCUSSION,

ARRANGED BY ANDREW F. CURRIER, M. D.

#### TOPIC—MENSTRUATION AND ITS ABNORMALITIES.

Introduction and Normal Function: Andrew F. Currier, M. D., New York.

Dysmenorrhœa—Its Causes and Its Treatment: Howard Kelly, M. D., Baltimore, Md.

Profuse Menstruation: Charles P. Noble, M. D., Philadelphia, Pa.

Scanty Menstruation: Franklin Townsend, Jr., M. D., Albany.

Irregular Menstruation: Charles A. L. Reed, M. D., Cincinnati, O. E. W. Cushing, M. D., Boston, Mass.

Menopause—Natural and Artificial: Arthur W. Johnstone, M. D., Cincinnati, O.

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#### EVENING SESSION, 9:15 O'CLOCK.

#### PAPERS.

Urethral Caruncles: Edward M. Lieli, M. D., New York.

The Physical Causes of Sexual Debility in the Male, as distinguished from the Psychical Causes: F. R. Sturgis, M. D., New York.

The Surgical Treatment of the Prostate Gland: Seneca D. Powell, M. D., New York.

The Fable of the Egg: William S. Ely, M. D., Rochester.

Artificial Immunity: Henry R. Hopkins, M. D., Buffalo.

Clinical Notes on Psoriasis with Especial Reference to its Prognosis and Treatment: L. Duncan Bulkley, M. D., New York.

Spinal Supports and Braces, the Indications for their Use, History and Modern Perfection. To be Illustrated with Forty Lantern Slides: A. M. Phelps, M. D., New York.

History and Pathology of the Spinal Cord. Illustrated with Lantern Slides: William C. Crauss, M. D., Buffalo.

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## WEDNESDAY.

MORNING SESSION, 9:15 O'clock.

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### EXECUTIVE BUSINESS.

Discussion on Abdominal Surgery: Arranged by A. Vander Veer, M. D.

Disputed Points in the Treatment of Pelvic Surgery: Joseph Price, M. D., Philadelphia, Pa.

Influences Affecting the Results of Abdominal Operations: J. F. W. Ross, M. D., Toronto, Canada.

Hemorrhage after Abdominal Section. Its place in Statistics: A. H. Buckmaster, M. D., New York.

Cysts of the Epigastrium: Dudley P. Allen, M. D., Cleveland, O.

The Technique of the Abdominal Incision. Methods of its Closure and its subsequent Management: W. W. Potter, M. D., Buffalo.

Operative Procedure for the Relief of Obstruction of the Common Duct: W. E. B. Davis, M. D., Birmingham, Ala.

The Cholecystotomies for Gall Stones with Recovery, with Remarks on Operative Methods based upon five Cases: William Wotkyns Seymour, M. D., Troy.

Gall Stones, the Exciting Cause of Malignant Disease: Rufus B. Hall, M. D., Cincinnati, O.

Appendicitis: Charles McBurney, M. D., New Yoak.

An Analysis of 150 Personally Observed Cases of Appendicitis: George Ryerson Fowler, M. D., Brooklyn.

A Conservative View of the Treatment of Appendicitis: William S. Tremain, M. D., Buffalo.

Some Observations Relative to the Treatment of Suppurative Appendicitis, with Report of Cases: Willis G. Macdonald, M. D., Albany,

Palpation of the Vermiform Appendix; J. M. Edebohles, New York.

The Inch and a Half Incision, and Week and a Half Confinement in Appendicitis: Robert T. Morris, M. D., New York.

Report of a Case of Post-Peritoneal Abscess from Duodenal Ulcer, with Presentation of Specimen: L. S. Pilcher, M. D., Brooklyn.

Intestinal Perforation in Strangulated Hernia: William B. DeGarmo, M. D., New York.

Remarks on the After Treatment of Abdominal Section: Carlton C. Frederick, M. D., Buffalo.

The Unexpected as Sometimes Observed in Abdominal Surgery: A. Vander Veer, M. D., Albany.

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AFTERNOON SESSION, 2:15 O'CLOCK.

PAPERS.

Recent Methods of Gastrostomy for Stricture of the Oesophagus: Willy Meyer, M. D., New York.

The Influence of Physiological Rest on Prolapse of the Rectum: Joseph D. Bryant, M. D., New York.

A Contribution to the Subject of Excision of the Larynx: Charles A. Powers, M. D., New York.

Observations on 118 Cases of Cancer of the Breast, with Especial Reference to its Radical cure by Operation: William T. Bull, M. D., New York.

The Treatment of Hernia, (Supplvment to Paper read last year): Alexander Dallas, M. D., New York.

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Some Cases of Brain Surgery: Herman Mynter, M. D., Buffalo.

The Needlessness of a Mydriatic in Adjusting Glasses to the Eye: D. B. St. John Roosa, M. D., New York.

The Action of Scopolamine on the Eye: Thomas R. Pooley, M. D., New York.

The Treatment of Nasal Hemorrhage: John O. Roe, M. D., Rochester.

Report of a Case of Injury to Cauda Equina: Hermon C. Gordinier, M. D., Troy.

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### WEDNESDAY.

#### EVENING.

Anniversary Address by the President, 8 o'clock, Senate Chamber.

Topic—The Physician of Sacred History.

Annual Dinner of the Society, 9:30 o'clock, Delavan House.

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### THURSDAY.

#### MORNING SESSION, 9:30 O'CLOCK.

#### EXECUTIVE BUSINESS.

#### PAPERS.

The Treatment and Prevention of Epilepsy in the Young: Graeme M. Hammond, M. D., New York.

The Practical Workings of the Law for the Care of the Insane: Carlos F. MacDonald, M. D., New York.

Lunatics in Public Places: Wallace J. Herriman, M. D., Rochester.

The Subfrontal Gyre (Broca's Convolution) in Man and Apes: Brnt. G. Wilder, M. D., Ithaca.

Acromegaly: Floyd S. Crego, M. D., Buffalo.

Report of a Case of Acromegaly, with the Exhibition of the Subject: Frederick Remington, M. D., Rochester.

Uraemic Hemiplegia: Reynold W. Wilcox, M. D. New York.

Glycosuria: W. B. Vanderpoel, M. D., New York.

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### **Officers and Committees of the Society.**

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Vice-President, C. L. STILES, Owego.

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THE  
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*Alumni Association of the Albany Medical College.*

HOWARD VAN RENSSLAER, PH. B., M. D., EDITOR.

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### ANNOTATIONS.

**“The Effect of High Temperatures on the Tubercle Bacillus.”**—De Man (C). Archive fur Hygiene, XVIII., 2, pp. 134–179.

It is well known that milk of tubercular cows is capable of producing tuberculosis in man and especially infants (Bollinger, Baumgarten, and Bang). Milk, therefore, should be sterilized in order to destroy tubercle bacilli. Since such sterilization can only be brought about by heat, De Man has carefully studied the effect of high temperatures on these micro-organisms—a subject, before him attacked by many—however, with conflicting results. Then Galiter states that heating to 60° C for 20 minutes or to 70° for 10 minutes does not modify the virulence of the tubercle bacillus; Chauveau and Arloing consider heating at 100° for half an hour necessary to destroy it; while according to Gerlach such heating merely attenuates the bacillus, and Martin and Klebs agree with him. Frerichs and others, however, have found that after boiling tubercular sputum it loses its power of infection. May has shown that it is sufficient to bring tubercular milk to a boiling point to render it innocuous, and according to Schill and Fischer dried sputa are destroyed by aqueous vapour at 10° C after an hour; sputa already moist after a quarter of an hour. Bang found that the virulence of tubercular milk may be removed

(1) by heating at  $70^{\circ}$  C. for 15 minutes, (2) diminished by heating at  $65^{\circ}$  C. for 5 minutes. We cannot enumerate all the various opinions. Suffice it to state that they are greatly at variance with each other. De Man took up the question, and arranged his experiments in a manner free from all objection, and was especially careful to regulate the temperature and to make certain that the tubercle bacilli were actually exposed to the desired temperature. We must refer to the original paper, which is an excellent one, for the details of the apparatus and experiments. The tubercular material used consisted of milk, secretion of udders, sputa and pleuritic nodules of cows suffering from "Perlsucht". His results are that the bacilli are destroyed:—At  $55^{\circ}$  C. after 4 hours; at  $60^{\circ}$  C. after 1 hour; at  $65^{\circ}$  C. after  $\frac{1}{4}$  hour; at  $70^{\circ}$  C. after 10 minutes; at  $80^{\circ}$  C. after 5 minutes; at  $90^{\circ}$  C. after 2 minutes; at  $100^{\circ}$  C. after 1 minute. We see thus that high temperature acting for a short time and lower temperature acting for a longer time will successfully render tubercular material harmless. Heating at  $53^{\circ}3.$  for 3 hours attenuates the bacillus. By heating at  $50^{\circ}$  C. even for 12 hours has no such power. According to Banhoff, it seems that bacilli which are grown and cultivated as saprophytes on potatoes are less resistant against heat than parasitic ones—i. e. such removed from the animal body. Applying De Man's result to practice, in the sterilization of milk such temperatures should be used as are capable of killing the bacilli without rendering the taste of milk disagreeable—i. e.,  $60-70^{\circ}$  C. De Man finds that heating milk at  $70^{\circ}$  C. for 10 minutes does not effect its taste. Pasteurized milk is often insufficiently heated, and is therefore unsafe, and since it is difficult to control the process, it is advisable to use sterilized milk—i. e., milk heated at  $70^{\circ}$  C. (i. e., temperature of milk) for 10 minutes.—*Med. Chronicle.*

**The Morbid Anatomy of Akromegaly.**—Squance (British Medical Journal, No. +714, p. 993) has reported a case of akromegaly in a woman, thirty five years old, who presented intense neuralgic pains through the temples and the top of

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the head, and also shooting pains at the back of the neck, accompanied by general langour and inability to apply herself to any prolonged occupation. Her memory was defective and her articulation slow and deliberate. There was no complaint of impairment of vision. The hands, the feet, the malar bones, and the maxillæ were enlarged, diabetes developed, and, later on, pulmonary tuberculosis, to which the woman ultimately succumbed. Only a partial post-mortem examination was permitted. The head was increased in size, the face elongated; the malar bones were enlarged and prominent; the superior and inferior maxillæ were considerably hypertrophied, though the lower jaw did not project in advance of the other. The eyelids were thickened and the supra-orbital ridges enlarged. The nostrils were considerably increased in size and very broad, and the ears were greatly hypertrophied. The hair was scanty and coarse, and the skin harsh and rough in appearance. The hands and feet were symmetrically enlarged; the nails were broad and the big toes large in proportion. The shafts of the long bones were not only considerably thickened, but they were also roughened, approximating the male type. The thorax was considerably enlarged, especially in the upper part; the ribs were uniformly hypertrophied, as were also the clavicles. In the lower clavical and the upper dorsal region there was a certain amount of prominence of the spine. On opening the skull, the frontal, parietal and occipital bones were found to be thickened, the hypertrophy principally involving the diploë. The brain weighed forty-six ounces and its membranes were normal. The pituitary body was considerably enlarged, and the canal between it and the third ventricle was patent. The optic nerves immediately in front of the commissures were exceedingly soft and tearing easily. The thyroid gland was persistent, the left lobe being hypertrophied and passing behind and to the left of the manubrium sterni. The gland measured nearly two inches in length and weighed one ounce. Its surface was lobulated, its consistence pulpy, almost diffuent, and its color brightish-pink.—*Medical News.*

**The Treatment of Granulating Wounds.**—Van Arsdale (*New York Medical Journal*) holds that granulating wounds should be treated much in the same manner as are primary asceptic ones. Iodoform gauze, over this a layer of cotton and a bandage, constitutes the dressing commonly applied to granulating wounds. As a consequence of this dressing inflammation is increased from the accumulation of secretion on the wounds and in the surrounding tissue, conditions for which the familiar woid retention may be used. A further disadvantage of the iodoform gauze is found in the fact that it sticks to the wound and cannot be removed without lacerating the granulations.

The form of retention just described may be obviated by dampening the dressing with some aqueous solution and covering it with protective impermeable to air. This dressing is in general use for some infected and sloughing wounds, where it certainly renders excellent service. For general use the moist dressing is not satisfactory, since from its warmth and moisture it acts as a poultice, increases the secretion from the wound, causes the granulations to become exuberant, brings about eczematous conditions of the skin, etc. Acute œdema with exfoliation of the epidermis is of common occurrence. The proliferation of all kinds of bacteria in moist dressing soon renders them putrid, hence they must be frequently changed.

Certain wounds may be treated in a manner similar to that employed in securing healing under Schede's moist blood-clot. A piece of gutta-percha tissue is placed over the wound; over this absorbent material is held in place by a bandage. Wounds treated in this manner, as seen by the author, have not run a satisfactory course.

Oil dressings are objectionable for obvious reasons. Castor oil is, however, an exception to the rule; it is soluble in alcohol, it will take up fifty per cent of Peru balsam, it is viscid enough to remain for a long time in contact with the wound, and will remain in those portions of the dressing on which it was originally spread. It does not prevent absorbent gauze

from taking up the secretions of the wound, and thus does not interfere with drainage. However much a granulating wound may discharge, the wound always appears clean and dry when the oil dressing is removed. The oil does not appear to turn rancid when mixed with Peru balsam.

To sterilize oil it is necessary to subject it to a temperature of 160° C. for two hours. For general use, a four or five per cent. solution of balsam in the oil is sufficient. Its application to a wound is simple. A bunch of plain or sterilized gauze is spread with this solution over an area somewhat larger than the wound to be dressed; this is most readily accomplished by means of a large brush. The solution should permeate from four to six layers of the gauze. The gauze is now simply laid on the wound, so that the oil comes in contact with it, then a protective layer of rubber tissue or oil paper is spread over all, and then the bandage applied. Any of the antiseptic or astringent powders may first be dusted over the wound; the oil dressing will then prevent the formation of a crust. As a dusting powder subiodide of bismuth is to be preferred. The following combination is frequently used:

R Balsam of Peru, gr. xxx;  
Iodoform, gr. x;  
Castor oil, 1 oz.

This dressing need not be changed oftener than twice a week. It does not actively prevent suppuration; it simply drains the wounds and keeps them in a clean condition.—*The Therapeutic Gazette.*

**A Decline in Patent Medicines in Great Britain.**—The *Chemist and Druggist* gives an instructive comparative study of the popularity of patent medicines, as indicated by the average annual sales of revenue tax stamps. The law in Great Britain requires a stamp to be affixed to all proprietary medicines, and the sale of these stamps shows a popular demand from year to year. During a period of twenty-seven years, ending in 1887, the average annual increase was \$25,000; during the period of five years ending in 1892, the

average annual rise was \$72,000; but in 1892-93 there was a decided decrease, amounting to nearly \$100,000 in the twelve months ending in March of this year. This falling off represents a failure on the part of the drug-consuming public to buy three millions of packages — bottles or boxes — of medicines having a selling value of \$850,000. The Pharmaceutical Society has in part been responsible for this remarkable change. The society has lately been insisting on the enforcement of a regulation that requires all patent compounds that contain poisonous drugs to bear a poison label. This has had the effect of embarrassing the sales of that particular line of nostrums and of scaring off many customers. The scare is beneficial, not only because it effects primarily the more deadly of the patented compounds, but also because it engenders distrust, inquiry, and delay in regard to other purchases of substances that are not required to wear the poison label. It tends to throw a veil of suspicion over every department of nostrum-vending, and is for that reason a sort of indirect educator of a suffering public.—*New York Medical Journal.*

**Auscultatory Percussion in the Treatment of Fractures of Bone,** WIEN. MED. PRESSE, NO. 28, 1893.—Vajena has found that if a stethoscope be applied over a long bone, while at the same time percussion is practiced at a different point by means of a plessimeter and hammer, a distinct and rather disagreeable sound will be heard. If, however, the continuity of the bone be broken the sound loses its disagreeable character as soon as the line of fracture is passed by the percussing instrument. The difference becomes more evident if a comparison be made with a corresponding part of the opposite side of the body.—*Medical Chronicle.*

**Human Milk During the Period of Menstruation.**—(Gazetta Medica di Torino, Nos. 19 and 20, 1893.) by Dr. Albert Biagini.

From the study of seven clinical observations, Dr. Biagini found that during the menstrual period the fat and other elements of the human milk undergo notable increase in

quantity. For instance: fat, from forty-seven to sixty-four per cent. (Obs. I.); from forty-four to seventy per cent. (Obs. II.); from thirty-nine to fifty-four per cent. (Obs. III.); etc. The specific gravity also varied from 1022 to 1035 in one case, from 1039 to 1042 in another, from 1031 to 1034 in another, etc.

The indications for treatment are rather of a hygienic than of a therapeutic nature. It is necessary to modify the dietetic regimen of the mother or wet-nurse, as the case may be, and to regulate menstruation, or to give the child a few spoonfuls of water in order to dilute the milk suckled.—*International Medical Magazine.*

**Salt as a Sweetener of Sugar.**—Sugar and salt are sometimes held to be incompatible or antagonistic in their action on the organs of taste, but it is a common social experience that the addition of the slightest dash of salt adds flavor to sweet coffee, and sugar-cured hams have their own reputation, while meat and vegetables cooked “sour and sweet” are a favorite delicacy in Germany. Professor Zuntz, of the Physiological Society of Berlin, definitely explained the making of sugar sweeter by the addition of salt. From his experiments, he finds that if to a solution of sugar there be added a slight quantity of salt and water, so weak that it excites no saline taste, the result is extra sweetening of the sugared water. The weakest of quinine solution is said also to produce similar results. The explanation given of the above seeming incongruity is that the ever so feeble saltiness or bitterness imparts an increased sensibility to the sensation of taste by the simultaneous stimuli, and hence an appreciation of additional sweetness.—*The Medical and Surgical Reporter.*

**Trional as a Hypnotic.**—As the stated meeting (May 5th, 1893) of the Practitioners society of the State of New York, Dr. Kinnicutt remarked that as a hypnotic Trional is “efficient in gramme doses and is quite unobjectionable.” Dr. Thompson said that Trional had been used in twenty or

thirty cases at the Presbyterian hospital and the impression he had obtained of its usefulness was like Dr. Kinnicutt's. It had acted very promptly in alcoholic gastritis verging on delirium tremens. He had observed no depressing effects from its use. It acted very promptly in most cases, certainly within half an hour, often within fifteen minutes. It could be taken easily dry upon the tongue. He had never observed that vertigo or depression followed its use.

**A New Method of Politzerizing.**—Everyone who has tried it knows how difficult it is to get the patient, whom it is intended to "Politzeize" to swallow at the proper moment (*Medical Times and Hospital Gazette*). Under these circumstances and as this plan of clearing the Eustachian tube is just now very much in vogue, our readers may be glad to know of a novel and vastly more simple way of attaining the object in view. In Politzer's method, as is well known, in order to prevent the air insufflated into the nose from escaping through the pharynx instead of passing into the tympanic cavity, the patient is asked to sound certain vowels or to swallow a mouthful of water, because in uttering certain vowel sounds, and during the act of deglutition, the soft plate is applied to the posterior wall of the pharynx. The nasopharyngeal cavity, however, is only partially occluded by these means, and that for a very short time. Dr. Roydan, therefore, suggests that the patient be directed to take a deep inspiration and then to blow out the air through a small aperture between his closed lips. So long as the patient blows the velum palati remains in contact with the posterior wall of the pharynx, and Politzerization can be performed without the slightest difficulty.—*The Canada Lancet*.

**Leukocytosis as an Element in the Prognosis of Pneumonia,** (Boston Medical and Surgical Journal) by Richard C. Cabot, M. D. .

Of forty-nine cases of well marked croupous pneumonia, in which the blood was examined, leukocytosis was present in forty-one, of whom ten died; it was absent in five cases, of whom all died, and was doubtful in three cases, of whom one

died. The same technique was used in all the examinations, and therefore, as far as these figures go, it would seem that while the presence of leukocytosis is not a very hopeful sign (one-fourth of those in whose blood it was present having died), its absence makes the outlook bad. Moreover, in two of these five cases other reasons for giving a bad or guarded prognosis was not present. The individuals were both under fifty; were neither alcoholic nor weakly; there was nothing in the condition of the pulse, temperature, or in the physical signs in the chest to lead one to expect a fatal result. Still both sank with surprising rapidity, and without any reaction to stimulous and supportive treatment.—*International Medical Magazine.*

**The Treatment of Certain Skin Affections by Thyroid Feeding.**—Davis (British Journal of Dermatology, September, 1893) calls attention to the effect the administration of the thyroid has upon the skin when administered in myxœdema, with good results. The author reports four cases of chronic affections of the skin in which the use of the tabloids of thyroid extract now prepared by pharmacists seemed to benefit the condition. The first case was one of psoriasis, in which a cure resulted in eight weeks under a dose of one tabloid a day.

The second case, also one of psoriasis, had been treated with arsenic and chrysophanic acid with some benefit. The thyroid tabloids were used in this case in the dose of one a day, the other remedies being stopped, with a cure in three months.

The third case was ichthyosis. One tabloid a day was administered, and in a month the condition was much improved.

The fourth case was one of chronic eczema with oft-repeated relapses. In the last acute attack the tabloids were given in conjunction with other remedies, and the improvement was much more rapid than it had been on former occasions.—*International Medical Magazine.*

**Fish Do Not Transmit Tuberculosis.**—Prof. Combemale (Bull. Med. du Nord, April, 1893), of the faculty of medicine of Lille, has undertaken a series of experiments bearing upon the transmissibility of tuberculosis through fish. When one takes into account the fact that whole families of fishermen in Iceland, and particularly in Canada, succumb to phthisis, it might naturally be supposed that fish had something to do with it. Combemale's experiments, however, show that even fish which have been fed with bread containing tubercle germs, and that lived in water infected with tubercular sputa, never become tuberculous. He has also shown that in carp inoculated in the muscles with tubercle, the bacilli can be but rarely demonstrated, and these have lost their virulence and do not infect guinea pigs.—*The Canadian Practitioner.*

**A Wise Judge, and Foolish Doctors.**—An interesting case was brought up in an Austrian court recently *in re* Drs. Jantsch and Pepper. These gentlemen had been called to the bedside of a child by the father; both appear to have agreed that the case was one of measles. Pepper appears from the evidence adduced in court, to have been first in charge, Jantsch a little later; but Jantsch, considering himself master of the position, wrote a prescription and gave directions, while Pepper remonstrated against the conduct as unprofessional, which led to a scene at the bedside and strong language on both sides. The judge being rather perplexed how either of them should conduct themselves, proposed that they might apologize to each other and behave as gentlemen in the future. —*Medical Record.*

**A New Antiseptic Mixture.**—Cavazzini (La France Medicale, 50 annee, No. 22) advises the following as an antiseptic dusting-powder:

Iodoform, 55 parts;  
Salicylic acid, 20 parts;  
Subnitrate of bismuth, 20 parts;  
Camphor, 5 parts.

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This mixture makes a yellow powder which is without disagreeable odor. It is especially efficacious in ulcerating buboes. It is an active antiseptic, hence cicatrizes and prevents undermining of the skin. Indolent granulations are quickly stimulated, and suppuration disappears.—*The Therapeutic Gazette.*

**Higher Medical Education.**—In pursuance of the policy recently announced in the resolution to be presented to the American Medical College Association, the trustees and faculty of Rush Medical College have decided to require four years attendance at college from students who begin the study of medicine this year with a view to graduate in 1898; however, those who have already studied medicine one year or more with a preceptor, so that the four years of study already acquired will be completed before July, 1897, may graduate after three courses of lectures as heretofore. To encourage proper preliminary study, graduates in arts and sciences from high grade colleges, and graduates in pharmacy and dentistry from colleges requiring a proper amount of study and two full courses of lectures, will, until further notice, be allowed to graduate on only three courses of lectures.

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## REVIEWS AND BOOK NOTICES.

**Anatomy, Descriptive and Surgical.**—By Henry Gray, F. R. S., Lecturer on Anatomy at St. George's Hospital, London. New American from the thirteenth enlarged and improved English edition. Edited by T. Pickering Pick, F. R. C. S., Examiner in Anatomy, Royal College of Surgeons of England. In one imperial octavo volume of 1100 pages, with 635 large engravings. Price with illustrations in colors: Cloth, \$7.00; leather, \$8.00. Price with illustrations in black; Cloth, \$6.00; leather, \$7.00. Philadelphia: Lea Brothers & Co. 1893.

The long expected thirteenth edition of Gray's Anatomy has just been published. As this text-book has been in the hands of nearly every medical student within the last forty years, its arrangement and merits are too well known to demand a critical survey of the book at this time.

As would have been expected this last edition has been brought up to date in the minor details which have been lately added to our anatomical knowledge; and at the same time more attention than ever has been paid to making practical and clear, the relations of anatomy to surgical procedures.

The aim of this book has been to present in a concise and easily comprehended form the well known and important facts of anatomy that are necessary for both student and surgeon, and to omit the finer theoretical points, and disputed controversies that are interesting to the theoretical anatomists; but which tend to confuse the student and clog his memory with unnecessary facts.

Some new illustrations appear in this book, and the former plan of using contrasting colors, to present more clearly to the eye the different structures figured in the plates, has been retained.

As a single-volume anatomy, this work is the best in the English language.

**A Treatise on diseases of the Rectum, Anus, and Sigmoid Flexure.**—By Joseph M. Matthews, M. D., Professor of Principles and Practice of Surgery, and Clinical lecturer on Diseases of the Rectum, Kentucky School of Medicine, etc.

With six chromo-lithographs and numerous illustrations. D. Appleton & Co., New York. 1892.

This book combines the summary of the experience, together with the theories, of a recital specialist during the past fifteen years.

As a result of his observations he has had opportunities of treating and now recording some classes of cases which have received but scant, or no mention in other books on this subject.

Among such chapters may be mentioned those on—Disease of the Sigmoid Flexure, The Hysterical or Nervous Rectum, Anatomy of the Rectum in Relation to Reflexes. Antiseptics in Rectal Surgery, A New Operation for Fistule in Ano.

All these chapters have been ably written; and in the other portions of the book, where the opinions of the author are at variance with other writers, the theory of the opponent is first fairly stated, and then his own view ably defended.

At the commencement of the book there is a concise, quickly comprehended table of differential diagnoses of diseases of the rectum.

The book contains many illustrations, some of them colored, which serve to exemplify the text.

The work work is a conservative, well written, reliable exponent of the diseases of the lower bowel and anus, as we know them to-day.

**Announcement.**—E. B. Treat, Publisher, New York, has in press for early publication the 1894 INTERNATIONAL MEDICAL ANNUAL, being the twelfth yearly issue of this one volume reference work, each year has witnessed marked improvements; and the prospectus of the forth coming volume gives promise that it will surpass any of its predecessors. It will be the conjoint authorship of forty-one distinguished Specialists, selected from the most eminent Physicians and Surgeons of America, England and the Continent. It will contain complete reports of the progress of Medical Science in all parts of the world, together with which the authors' names are especially associated. In short, the design of the book is, while not neglecting the Specialist, to bring the General Practitioner into direct communication with those who are advancing the Science of Medicine, so he may be furnished with all that is worthy of preservation, as reliable aids in his daily work. Illustrations in black and colors will be consistently used wherever helpful in elucidating the text. Altogether it makes a most useful, if not absolutely indispensable investment for the medical practitioner. While the book will be so much improved over previous issues, the price will remain the same as heretofore, \$2.75.

E. B. Treat, publisher, has also in press the following books, which will be issued early in 1894:

A Manual of Clinical Diagnosis, by Albert Abrams, M. D., Assistant Professor of Clinical Medicine and Demonstrator of Pathology, Cooper Medical College, San Francisco, new and enlarged edition, \$2.75.

Diseases of the Hair and Scalp, by Gen. T. Jackson, M.D., Chief of Dermatological Clinic, College of Physicians and Surgeons, New York, illustrated, second edition, enlarged, \$2.75.

How to use the Forceps: a Manual of the Obstetric Art and Mechanism of Labor, by Prof. H. G. Landis, M.D., Columbus, O., enlarged edition; by C. H. Bushong, M. D., New York, \$1.75.

Also just issued: Practical Hygiene, based on modern theories and scientific progress, by C. G. Currier, M. D., New York, Specialist and Expert in Sanitary Science, \$2.75.

THE

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## \*THE ANNIVERSARY ADDRESS.

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### “The Physician of Sacred History,”

BY HERMAN BENDELL, M. D., ALBANY.

To speak of the bible and things biblical before an assembly of medical men in the light of the undoubted fact that this of all the learned professions contains the most doubters; the most of that class of men who decline to accept theories which are incompatible with science and from whose midst have sprung innumerable philosophers whose iconoclastic views have tended to brand scriptural literature as erroneous and even ridiculous—to speak of the bible before such a body seems at the outset a thankless undertaking. But as we sometimes take a case and prescribe or operate knowing that the patient could die just as comfortably without our aid, so do I approach this pleasant task, in the hope that I may throw a little light on a neglected subject.

There is scarcely a great branch of thought in which some biblical character has not preceded and held an important place; thus the art of war had its exponent in Judas Macabæs, state craft a Moses—the poets to-day repeat the words of David, while jurists quote the Solomonian wisdom. The architecture of Hiram and the music of Korah are among the themes from the bible which even the scientist, the “atom and the protoplasm man” will accept; yes, even the science

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\*Read before the Medical Society of the State of New York, February 7th, 1894.

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of navigation has its heroes in Noah and Jonah, but while the laws of self-preservation were as strongly developed then as now, while love and affection stimulated man to save the lives of others existed then as now, it seems strange that no one name shines forth as the great healer, and that the Samaritan alone (a collective term) poses as the doctor of the Holy Writ. The priests and priest-kings studied the hieroglyphical or sacred literature of which medicine was an important branch. Samuel was the chief of a school of prophets or magio-priests, Solomon, King of Israel, was a great botanist, geologist and pharmacist, as well as pontiff, ruler, legislator and moral philosopher.

That there were doctors in those days no one can doubt, for then as now men were but human and committed the same indiscretions as they do to-day and suffered the same consequences, and where is the place to-day so small, so cold, so hot, or so anything, where the doctor is not. They had doctors and what is more, and what lessens the breach between this and past ages and shows that the people then were influenced as we are to-day, susceptible as we are, easily played upon as we are and like credulous, they had that ever present bombastic parasite—the quack.

All sorts of amulets were believed in and worn by the credulous. One warded off the evil eye, another prevented the falling illness, here we find one that eased the troubled mind and there another that dried the tears; the habits, dress and customs were such that modern ailments were not provided with anti-charms, or doubtless baldness, ingrowing nails, facial blemishes, and the various ills which people believe themselves afflicted with, would have had each its own and particular amulet or charm.

But one fact becomes self-evident to the student of this question, it shows itself through all the ages and is as true to-day as it was in the misty past, and that is this: the philosopher and the physician were ever the opponents of and the antagonists of that branch of the priesthood with whom soothsaying, mystery and miracle were stock in trade.

As far back as we have any records we find the physician playing an important part in Egypt, and from the Egyptians the Israelites acquired much knowledge on the subject, which they brought with them out of the land of bondage. The priests are credited by many as having been the only practitioners of the medical art and in a measure this was true, but not because they were priests or Levites, but because, like some physicians of our day, they had much leisure time, and nothing better to do and might as well study medicine as do nothing. The priests were called upon to pass judgment on leprosy, and naturally became experts in diagnosing that disease; they were specialists in leprosy, but being compelled to serve without compensation, it is doubtful if ever they declared a case of eczema anything more formidable. Self-preservation prompted them also to the study of medicine with a view of preventing and treating those diseases which they could not avoid contracting, from being compelled to minister at all seasons of the year with naked feet.

If they had any knowledge of anatomy they must have gained it clandestinely, because simple contact with a corpse conveyed pollution and dissection became impossible. With the Egyptians dissection was extensively practiced and their mode of embalming their dead must have given them much anatomical knowledge. It therefore becomes evident that though the Hebrew physician gained his first knowledge from the Egyptians, his school was unlike that of his progenitors.

The word pestilence appears often in the bible and yet the exact meaning of it is a matter of conjecture, for it is applied alike to leprosy, hail, grass-hoppers, and other inflictions running not at all parallel, still most writers agree that when the word occurs in reference to an epidemic it designates the glandular plague which still exists in the orient, and when we note what perfect quarantine regulations were enforced in the case of lepers, how religiously precautionary measures were instituted to stay the progress of that blighting disease,

it seems strange that the Mosaic law nowhere prescribed or commands preventive measures as to this glandular plague, by which, according to Josephus, Sennacherib's army was annihilated; though the bible gives "an angel" credit for the destruction in a single night of these 185,000 soldiers. It seems by this that scientific research was directed in the lesser channels and man stood too much in awe of plague and pestilence, was possibly too much of a fatalist to grapple with it. There was no lack of material to select from, that is certain; medical schools and a rival medical school, boards of health to look to the public weal and other boards of health to fight the first, medical societies to discuss subjects pertaining to their calling and other medical organizations to denounce the first, could have been formed out of the then existing physicians, for there were great numbers of them. We read in Genesis, those of us who read the bible, that "Joseph commanded his servants, the physicians, to embalm his father and the physicians embalmed Israel," and one recognized authority says on this point: "By this we are not to understand that all the physicians of Joseph took part in the operation; the command must be considered as addressed to those among them to whom this business belonged." So it would seem that attached to the household of Joseph was a large number of physicians and why should there not be, when, according to Herodotus, "The medicine practice was divided as follows: each physician is for one kind of sickness and no more, and all places are crowded with physicians, for there are physicians for the eyes, physicians for the head, physicians for the teeth, for the stomach and for all other internal diseases." And yet, there be those who claim that the specialist is the outgrowth of modern times—the fruit of the desire for perfection in one or another branch. Away back in the days of Joseph they had the specialist and a corps of physicians was as essential to a great household at that time as is to-day a mortgage to a western farm.

Surgical aid and external applications were the main features in the practice of medicine up to a comparatively late

period in biblical history and the medicines most in use were salves, plasters, baths and lotions, but the Talmud gives evidence of the existence also of medicines for internal complaints and even of the uses to be made of mineral waters; thus in the Talmud is it said that man may not drink of waters which flow from a spring between two trees, because the first draught promotes digestion, the second is a laxative, and the third an emetic, but by the direction and under the supervision of a physician this water could be taken, and we must admire this regulation when we observe the mischief wrought by the indiscriminate use of mineral waters, their use without a knowledge of their effects by the public of our day.

Every town had its regularly appointed physician and the high court, the Sanhedrin, named its own physician and its own surgeon.

That the Mosaic law encouraged the practice of medicine and also research in that direction is evinced by the law which commands him who wounds his fellow man to have him cured, and this in direct opposition to the heathen of those days who deprecated the healing of the sick and looked upon illness and accidental injuries as providential, as a pre-ordination which it was useless to stay. There were nabobs in the profession even then, men who were high in the social circle, for was it not Elijah who restored to life and health the son of the widow of Sarepha and it was he who foretold the illness of King Joran and Ahasja.

The Talmud is full of remedies for all the ills man is heir to, full of preventive measures and directions for the care of the convalescent, and the compilers of that work trace to the Holy Writ much of what they lay down for the guidance of those who came after them. Thus in forty days a plague patient was said to be cured—if he lived so long. There seems to be good reason to believe that this supposed cessation of the disease after forty days was because forty days constituted the philosophical month of Alchymists. Theologians always did have a fondness for “forty days.” The

flood, forty days—Moses' sojourn on Mount Sinai, forty days—Christ's fast, forty days.

A talmudical remedy against the ill effects of a bite from a mad dog shows that an injury of that kind was not supposed to be followed by immediate ill consequences, and leads us to believe that the germ theory of Pasteur, Jenner and Koch was anticipated by these pre-Æscoleopian writers. "For twelve consecutive months," says the Talmud, "let the bitten person drink only through a copper tube," doubtless to bring about a cure by means of the supposed chemical action of water on copper.

The optimism of the writer in taking it for granted that the patient will live twelve months, is also noteworthy. That the belief in poison by the virus of the mad dog was firm, is demonstrated by the Talmudical law which commands that a mad dog be killed only by means of something which can be thrown or projected at the animal.

But here, side by side with the pioneer bacteriologist, comes the humbug and the quack, who then, not having as now the press and the highway fences from which to advertise his "sure cures" and lay his snares, smuggled his ideas into the works of the learned men and tells how the only possible cure for dog-bite can be effected by means of cabalistic words written on the skin of certain animals, which must have been killed under peculiar lunar conditions and a whole lot of other rubbish.

There is poetry as well as deep knowledge in the talmudical sentence: "The eye, the mirror of our soul, characterizes as a rule our whole body and expresses our joy as well as our sorrow."

And hence the same book says further on: "If a bride have beautiful eyes her health is normal," a fact which to-day may admit of doubt, but which ophthalmologists would not be unwilling to have the world subscribe to.

To illustrate the injurious effect on the eyes of a sudden change from light to darkness or from darkness to light, the Talmud cites the story of Rabbi Joseph bar Eloji, who became

totally blind from living forty days in an absolutely darkened room and then coming forth and looking upon the white marble. Note again the important "forty."

While their preventive measures interest us inasmuch as they demonstrate the fact that the ancients believed the nervous system to be closely allied to the sense of sight, their remedies are not such as would entitle the discoverer to professorships at our colleges. For instance: people who suffer with diseased eyes should eat honey and all sorts of sweets, fat flesh, drink wine and wine made from the asparagus plant and garlic. Now, whether "diseased eyes" refers to refractive anomalies or to ocular pathological conditions or to a bruise from the fist of a pre-historic Hercules, we have no means of ascertaining, but there can be no doubt that ophthalmology was not their forte.

The book of Tobias relates a story which infers erroneously that a remedy for the cure of opacities of the cornea was practiced. The story reads: "And in the same night I rested against the court wall and my sight was unobscured and I knew not the sparrows were in the wall and while mine eyes were open the sparrows threw heat into them and I went to the doctors but they healed me not." His son ran to his father, held him secure and stroked fish gall on his eyes—as it began to smart, Tobias rubbed his eyes and white scales dropped from his eyes and he was restored to sight.

Of the many remedies for cataract spoken of in the Talmud, none would pass muster to-day. The substitution of an artificial for the natural lens was of course unknown and bats' blood, the skin of a seven-striped lizard or a seven-jointed index were the popular remedies at that time.

I could enumerate hundreds of remedies for diseases from the holy writings, but with those already named think I have established the fact that the physician anti-dates the Christian era. Before leaving the Talmud though, let me call your attention to one edict, which shows how some habits and customs will survive centuries and defy annihilation. The Talmud admonishes us not to worry a patient with talk when

making a call. Think of it ye who insist on visiting your sick friend to show your sympathy, and incidentally to retail gossip with little matters like servants, afternoon teas, babies, dresses and plumbers thrown in for good measure; think of it—your friend's physician in asking that the door be barred against you, is simply following in the footsteps of physicians who practiced before Christ was born and whose theory centuries of investigation has not shaken.

"Madness, and blindness and astonishment of heart for their transgressions," is spoken of in Deuteronomy, and it is said that David, who feigned madness before Achish, the King of Gath, alleviated the fits of madness to which Saul was subject, by his playing on the harp. In scriptural history the salutary influence of music on the diseased mind is often made mention of. As to the treatment of the insane in those days one author says: "Whatever gifts of nature or productions of art were calculated to impress the imagination were there united to the solemnities of a splendid and imposing superstition. Games and recreations were instituted in the temples. The most voluptuous productions of the painter and the sculptor were exposed to public view. Groves and gardens surrounded these holy retreats and invited the distracted devotee to refreshing and salubrious exercise. Gaily decorated boats sometimes transported him to breathe amidst rural concerts the pure breezes of the Nile." In short, all his time was taken up by some pleasurable occupation or rather by a system of diversified amusements, enhanced and sanctioned by superstition.

In Solomon's allegory on the mortality of man, of man's decrepitude in old age, he gives proof of his anatomical knowledge, and it is urged that the beautiful passage: "Or ever the silver cord be loosed, or the golden bowl be broken, or the pitcher be broken at the fountain, or the wheel broken at the cistern," is proof that the nervous system and the functions of the heart were known and that the circulatory system and the network of blood-vessels was no secret to him who said "There is nothing new under the sun."

Josephus tells us that Solomon possessed the power through God to cast out devils also, and relates a cure effected by Eliasar in the person of the Emperor of Vespasian where, by the application of a root (the knowledge of which came from Solomon) to the nose of a madman the patient was restored to health. This cure is said to have been effected with the aid of incantations, genuflections and other priestly hokus-pokus, which fact would lead us to believe that though versed in the science of medicine even Solomon did resort to a little humbug now and then, and when we see some things that are done and written and said by representatives of modern medicine, we instinctively quote the wise man, "There is nothing new under the sun."

Up to this day there are nostrums and curing draughts known in Armenia and in Abyssinia as Solomonian. They have come down traditionally and are regarded with the same mixture of awe and fear as they were thousands of years ago. It was during the lifetime of Solomon and by his direction that the fragmentary history of medicine, consisting of the experiences, the cures, the theories of the various empirics of the many oriental nations was carefully compiled. He also procured from the temple of *Aesculapius* at Sidon the records of the Phœnecian physicians' researches and experience, and all this was recorded in a work known as the Book of Cures or Medical Science. (*Sepher-Rephuoth.*) This book after the death of Solomon descended to the Prophets and they in turn elaborated and enlarged it and so we find the Prophets on many occasions acting as physicians. The instances are many more than we would like to consider, but to show that their studies were broad, covering much medical territory and not directed in any one channel, we see the Prophet Edo curing King Jerobeau of Palsy, the Prophet Achijah correctly prognosticated the death of Abija; Elisha the Tischbite resuscitates the widow's son at Zaphrot and the same Prophet diagnosed intestinal disease in the case of King Joran. The history of this case read in the light of modern science, gives good cause to believe that had the same been treated here the

old King would have been operated on for appendicitis. The Prophet Isaiah used figs to cure King Chiskija of a glandular disease, but how the figs were used, in what quantity, internally or externally, and all other particulars, are omitted. The Sepher-Rephuoth was put to better use by the Prophet Elisha than by any of his contemporaries, and he is reported to have effected many cures and had confidence enough in himself to be his own physician. The Talmud goes so far as to say that until Elisha's day "no serious illness could be cured, but through this Prophet and the help of God, the most seriously ill were restored to health."

This early student of medicine is the first example of the successful practitioner and a careful study of his characteristics, his methods and his work, shows that then as now certain elements contributed to bring forth the popular doctor. In the first place he was studious and made the best possible use of the fund of wisdom bequeathed to him in the shape of the Book of Cures; he had undoubted talent and then he had luck. This latter most essential feature in the evolution of the popular physician, doubtless gave him the necessary self reliance and he became—what would be now—the rage.

The Bible relates to some of his cures and says that the spirit of his Master, Elijah, rested upon him. His practice must have been a swell one too, and it seems a pity that nothing remains by which an idea of his charges could be gleaned. The Syrian General Naiman was a patient of Elisha's: the General was afflicted with eczema and was cured, so the Good Book tells us, by bathing in the river Jordan. The Prophet, great as he was, could not resist mixing a little fortune telling with his practice of medicine, which we see from one of his royal patients, the Syrian King Benhadad, who was ill of a dread disease. The Prophet told him that he would recover from the illness with which he was prostrated, in which prognosis he was found to be correct, but that he would shortly die from some other cause. And really, true to the prediction, the patient did recover but shortly after died through the ill effects of a cold douche.

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What a name the modern practitioner would make for himself if he told his pneumonia patient: "you will recover from this, but shortly after your recovery something else will kill you." What a name this man would attain if on his first walk out a brick from a chimney top would verify his prognostications.

When Chiskija came to rule over Israel at the time when the people gave signs of having forgotten their God and when the tendency was towards idolatry, he fancied that in the deference which the people paid to the serpent of Moses (possibly an emblem adopted in imitation of that of the Greek Aesculapius), there was a certain idolatry, and not only did he suppress this sign of the healer, but the Sepher-Rephuoth was withdrawn from the reach of the physician or of the student. Here began the decline of the science of medicine and it continued to sink lower and lower until, in the gloomy days of the Babylonian captivity, it died with Poetry, with Song, with Art, and with all the other accomplishments which the people had acquired and which were trampled down and annihilated. With the advent of Ezra the reformer who endeavored, Moses-like, not only to restore the political status of the Israelites, but to revive their sense of the beautiful and bring them once more to the point on the road to higher civilization from which they had not fallen, but from which they were driven downwards, with Ezra came a new era in medicine. It was he, who at the head of the Sanhedrin, made it incumbent on the members and the members of the Great Synod as well, to become acquainted with all the languages in which the law and medicine were treated. But Ezra had much to contend with in the re-establishment of a love for and faith in medicine; some of the people had been won over to the ideas of the Persians and the Romans and the Chaldeans, with whom medicine was simply witchcraft and idolatry, while others were fatalists who quoted the Bible to prove that a physician was only a useless meddler between God and man. "I the Lord am thy physician," they quoted, "I wound and I heal." They read from the Bible: "Come, and let us

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return unto the Lord ; for he hath torn and he will heal us ; he hath smitten, and he will bind us up." This fatalistic opposition prevailed 'till the founding of the Pythagorean school, long after the Hypocritian time, and till after the Alexandrian period, when philosophy conquered a place for medicine and went with it hand in hand, at war with idolatry and its kindred sins.

Jesus Sirach, who many contend was a physician, was one of the champions of his time against the fatalism with which the scientist found himself confronted.

He declared the physician to be the instrument of God and it was man's duty to follow the physician's dictates and to look upon the physician as working in accord with and not against the decrees of the Lord.

Gradually the old respect for medical research was restored ; slowly the fatalist made way for the scientist, and the retrograde movement was checked. It would take too long to trace the second growth of the science of medicine, and it would at best be but telling over again an old story, as all that I have said is but an old song to most who hear it. But that a change did come, is evinced by the fact that names great in medicine soon appeared amongst the men of letters. We find the names of Theudas of Laodicia linked with remarkable cures and credited with great medical knowledge. Contemporaneous with him was Rabbi Chanina ben Dosa, who is described as "not only a learned rabbi but a great physician."

Not long after these men came Tobia, a native of a suburb of Jerusalem, whom history credits with making astronomical researches for, and reports to the priests in Jerusalem. It was he undoubtedly, whom Dioskurides speaks of as the "physician Tobia of Modaim," and who wrote a work on the functions of the human brain.

I could name others by the score, but these few illustrate the point as well ; and the strange feature of this era is that the greatest scholars in medicine were searchers also in the realms of astronomy—the physician and the astronomer were frequently one and the same person.

Mahomet was an epileptic. The superstitious and those who believed in the supernatural attributed the failing to demoniacal possession, while he saw in it only a physical defect, and with a view to conquering the same he became, wholly from selfish motives, a student of the human body in which, however, many who looked upon him then and whose descendants to-day proclaims him "a Prophet of God," followed him. The dietary laws of the Mohammedans, those which are not copied from the Jews and are such as experience proved essential in Oriental countries, originated with these early followers of the Prophet of Mecca. The Mohammedans though, as well as the Jews, made no progress in the study of anatomy, but devoted much time to diseases of the alimentary canal and more to their prevention than their cure. Abstinence, temperance and moderation, were religiously imposed, and while the old Jews prescribed wine on all occasions, took wine in peace and in war, to drown sorrow and to celebrate joy, just as is done to-day, the followers of Mahomet were forbidden its use entirely, and during the month of Ramadan were compelled to fast daily from dawn till night.

While these restrictions appeared just and proper to the intelligent "faithful" and were followed strictly because of their evident good effects, the masses obeyed because thus only could "Azrael" the Angel of Death be combatted. Twelve hundred and fifty years and more have elapsed since these laws were formulated, and still the Mussulman religiously adheres to the law which says, he shall eat no blood, no flesh of swine, not of an animal that was not slaughtered properly, nor drink of wine nor any intoxicant. How closely the care of the body is allied with the spiritual welfare of the Mohammedan is evinced by this fact. Every Moslem is told as often as he goes to worship, be it in his own home or in the Mosque, in his own land or abroad, that Islam teaches the belief in one ever-living God—that every man is his own mediator, his own Savior, his own priest, and that to find salvation he must be clean.

The Homeric poems also give proof of the early practice of medicine. The nomenclature of the parts of the body according to Daremburg, were the same as Hippocrates used long afterwards. The Homeric writers show also that while some practitioners were skilled in healing bodily injuries, others "had the power of recognizing what was not visible to the eye and tending what could not be healed," or in other words, the surgeon and the medicine man each practiced independently one of the other.

The Greeks worship of Asclepius (or Aesculapius) as a God, shows that they placed the science of medicine on a high level and had the proper regard for the practitioner.

The recording of the cases which many think originated with the modern hospital, was practiced at the temple of Aesculapius, where the history, the diagnosis, progress, treatment, etc., was recorded on columns, and by this means the statistics of cases was kept for the physicians of the Hippocratic school, and thus they learned to accumulate clinical experience. (An English author on early medicine is my authority for this statement.)

The treatment of mental disorders by Asclepiades, as described by Aurelian, looks modern enough to have been written yesterday. "Music, love and wine; employment exercising the memory and fixing the attention, were his principle remedies. He recommended that bodily restraint should be avoided as much as possible and that none but the most dangerous should be confined by bonds. He was peculiar in advising that the insane patient should be engaged in self regulation of his mental powers."

Nine hundred years before Hippocrates, or the fourth century before Christ, we have the Hindoo Ayur Veda, the most ancient Hindoo sacred medical writings. And this is only a resume in brief of writings on medicine and the practice of medicine of still more ancient date. In its eight sections it treats of surgery including obstetrics, general pathology and the practice of physic, psychological medicine or the theory of demoniacal possession, infantile disease, toxicology, personal hygiene and diseases of the generative functions.

The Hindoo doctors were called Vaidya, meaning "one who understands."

The ancient Veda contained also treatises on anatomy, pathology, *materia medica*, therapeutics and hygiene, and from all records now available it appears that the teachers of medicine were expounders of philosophy also—the two sciences were linked.

Subsequent to the Vaidya, the Rishis practiced medicine, and it was they who travelled through the country curing disease and at the same time giving lectures on how to preserve health. The Hindoo medicine, though it has made little or no progress, is so ancient that its origin is lost in remote antiquity.

While researches show that in their peculiar manner all the great moral teachers, Moses, Christ, Mahomet and their contemporaries, gave the subject of medicine much thought, and that each in his way through the study of the secret of the human body and its organs, through research into mineralogy and botany strove to discover means for alleviating suffering and for arresting disease, it seems that a different train of reasoning, a different philosophy prompted each. A great ethical teacher said recently: "If Judaism be the religion of duty, Christianity the religion of love, and Mohammedanism the religion of faith, Buddhism is the religion of pity." And it would appear that the medicine of these great divisions of the human family may be similarly designated.

How to lessen pain, how to diminish the suffering of the human family, how to stay death, were the problems which Buddha tried to solve. Metaphysician though he was, he had before him always suffering humanity, and what he preached twenty-four hundred years ago is worthy the close consideration of the physician of to-day. His theory of reincarnation sprang from his pity for man. "Be good, be wise, be noble, so that when you come again you will be better, wiser and nobler. Rear your children in cleanliness of body and of mind, that they may become morally and physically clean men and women. This is better than self-mortification,

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better than fasting, better than praying," he said, and in his practice of medicine he had in view the coming man no less than him who consulted him. He was a man thoroughly impressed with the idea that he was destined to bring relief to the human family, and his study of the human man was made with the view to evolving from him the man-god; and what nobler aspiration can the human mind conceive?

We do not make inquiry into his methods of treatment of the patient, nor is that portion of the history of Buddha's medicine the one I wish to dwell upon, but the spirit of then and the knowledge of to-day would make a combination which the nineteenth century physician would be the better for possessing.

Let me relate an anecdote of this great teacher, with which you are doubtless familiar, but which will serve to show the dominant characteristic of the man. The story reads: "There lived in the far East a charming young woman who married the man of her choice and there was born to the happy couple a beautiful son and happiness abundant reigned within their home. The child prospered and grew, and when it could walk and prattle and when its bright face and its childish laughter made glad the hearts of its parents, it was stricken with illness and died. The young mother, frantic with grief, took up the lifeless form and ran with it from house to house and wailed: 'Can it be true? Is my child dead, is there no one to help?' 'Yes,' one told her, 'go to the great doctor, Buddha, who lives in the forest, he it is who cures all,' and straightway she went with her burden to Buddha and cried 'Great Doctor, can you not help me?' and Buddha said: 'Yes woman, I can help you; bring me but a mustard seed and your tears shall cease to flow, your grief shall pass away.' And when the woman was about to hasten away to bring the mustard seed, he said: 'But stay; you must procure the seed from a house where death is unknown, where grief has never entered.' And the heartsore mother wandered from house to house, but everywhere had grief, sorrow, distress preceded her, and in the contemplation of the misery of others she for-

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got her own loss, buried her child and wept in pity for those whose distress she had seen. And when she returned to Buddha, he said: "He must pity who would heal."

Thousands of years have passed since then, the book of knowledge has grown apace; mysticism, superstition and supernatuialisms have been eliminated from our calling; science has torn down the screens which hung between man and truth; the scalpel, the lens and the battery have laid bare the innermost secrets of the human organism; from our high plane the physician of the Holy Writ seems a ridiculously small figure, and still we feel the truth that comes to us from the far off East of centuries gone and in admiration give echo: "He must pity who would heal."

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## Annual Session of the Medical Society of the State of New York.

The eighty-eighth annual meeting of the Medical Society of the State of New York, began in the City hall at Albany, on Wednesday morning, February 7th, at 9:15 with the inaugural address of the president, Dr. Herman Bendell, of Albany, who appointed the following committees:

BUSINESS—Henry Flood, of Elmira, Edward Clark, of Buffalo, and William B. De Garmo, of New York.

CREDENTIALS—D. H. Cook, of Albany, C. W. Crespell, of Rondout, and C. F. Timbierman, of Amsterdam.

ON SUGGESTIONS IN PRESIDENT'S ADDRESS—W. W. Potter, of Buffalo, L. S. Pilcher, of Brooklyn, Eugene Beach, of Gloversville, C. R. Heaton, of Owego, and E. F. Brush, of Mt. Vernon.

ON RECOMMENDING CANDIDATES FOR THE STATE BOARD OF MEDICAL EXAMINERS—D. B. St. John Roosa, of New York, A. Jacobi, of New York, A. Vander Veer, of Albany, A. Walter Suiter, of Herkimer, and B. F. Sherman, of Ogdensburg, N. Y.

Papers were then read on various pertinent subjects; the titles of which were given in the February issue of the Albany Medical Annals.

The evening session began at 7:15, when several papers were read.

Several of the papers were illustrated with lantern slides, and the attendance was larger than during the day. In the corridor approaching the meeting room were a number of booths and exhibits of surgical supplies, mineral waters and various things which physicians are interested in.

Dr. Gorham, of Albany, had a superior device in the way of an invalid's bed, or hospital operating cot, which combines as many movements as a dentist's chair.

The exhibit most interesting, especially to Albanians, was that of the Van Heusen sterilizer and compress heater. The invention is the result of the ingenuity of Mr. John Van Heusen, a young man hardly in the twenties. His apparatus is manufactured to supply the wants and necessities of hospitals and other larger institutions. It has already been adopted by the United States government for the hospital and marine services.

The session on Thursday morning was the most interesting to people who enjoy a warm argument, that has been held at this convention. The meeting was called to order a little after half past nine, and the secretary proceeded to read the minutes of Tuesday's session. After this business was concluded, Dr. Beach, of Gloversville, asked that the minutes in regard to a resolution of his, censuring the lunacy commission, be corrected. Dr. Beach claimed that the resolution had been adopted by the society, whereas the secretary's minutes stated that it had been referred to the committee on legislation. According to the stenographer's notes the resolution had been adopted by the society. The controversy was conducted by President Bendell, and Drs. Beach, Pilcher and Ward. A vote was taken on a resolution commanding the secretary to make his minutes agree with the stenographer's record, but it was lost, 40 to 25. This left the matter where

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it originally stood, according to the secretary's minutes, that the resolution be referred to the committee on legislation.

The society elected thirty-one new members.

The committee on hygiene made its report. Among other things it gave a strong endorsement of the State lunacy commission and of the work in progress and future plans. Reports were read by the following: M. J. Lewi, of the State examining board; Charles H. Porter, treasurer of the Medical society; D. B. St. John Roosa, of the committee on legislation; Charles E. Bruce, of the committee on hygiene.

The State examining board have selected Dr. William C. Wey, as president, and Dr. M. J. Lewi for secretary for the ensuing year.

Dr. Roosa, from the special committee appointed under the standing resolution to name candidates for medical examiners, named the following: Drs. W. M. Potter, of Buffalo; W. S. Ely, of Rochester; M. J. Lewi, of New York; J. West Roosevelt, of New York; E. Van Slyke, of Albany, and George C. Seymour, of Utica. These names were adopted.

At eight o'clock in the evening the society met in the senate chamber to listen to the anniversary address by the president, Dr. Herman Bendell, of Albany, on "The Physician of Sacred History." Every seat on the floor of the chamber was occupied, and a great many listeners were standing, when Dr. Bendell began to speak. His address will be found in another part of the Annals.

After the meeting, the society adjourned to the Delavan to enjoy the annual banquet. Dr. Samuel B. Ward acted as toastmaster, acquitted himself in his usual competent and graceful manner, when performing that duty. Toasts were responded to by Governor Flower, on "The State of New York," Senator Parker, on "The Senate," St. Clair McKelway, on "The Press," Dr. St. John Roosa, of New York, on "Criminal Classes," the Rev. Mr. Buttrick, Dr. Daniel Lewis, of New York; Dr. J. F. W. Ross, of Toronto, Canada, and Dr. Abraham Jacobi, of New York. There were a number of invited guests, numbering statesmen, lawyers and other

prominent people, among whom were Mayor Manning, Lieut-Governor Sheehan and Ex-Senator McMillan. About two hundred and twenty-five enjoyed the feast.

At the meeting on Thursday morning, Dr. Beach, chairman of the committee on suggestions contained in President Bendell's inaugural address, reported the following: That the number of delegates from these counties be changed, so as to agree with the assembly re-apportionment: Cattaraugus, Cayuga, Chautauqua, Jefferson, Oswego, Niagara, Saratoga, Washington, Oneida, Ulster, Wyoming, Orleans, New York, Kings, Queens and Erie; second—that the presidents of the various county medical societies be ex-officio delegates to the conventions, without payment of fees, and without right to vote in the annual session; third—that the society encourage the donation of private libraries to the medical department of the State library, and endeavor to secure such legislation as will guarantee its maintenance; fourth—the committee does not know of any good or sufficient reason for changing the meeting place; fifth—that it approves one health bill proposed by the New York State Medical Society.

The suggestion that the society meet in some other place than Albany was defeated.

A number of resolutions were presented by the following, which contained suggestions for changes in the by-laws, etc.: Drs. Burr, Beach, Maddern, Vander Veer and Currier.

The nominating committee had a very lively time of it in executive session. Drs. Spencer and Fox, of New York, and Flood, of Elmira, were the candidates. Dr. Spencer withdrew from the race. A ballot was finally taken, Drs. Merrill and McDonald acting as tellers. The result was 40 votes for Dr. Fox and 19 for Dr. Flood. The chair announced that Dr. Fox was elected president. The other officers elected are as follows: Vice-president, Frank Low, of Pulaski; Secretary, F. C. Curtis, of Albany; Treasurer, Charles H. Porter, of Albany.

These names were elected to honorary membership: George M. Steenburg, U. S. Army, Washington, D. C.; O. E. Her-

rick, Grand Rapids, Mich.; I. S. Stone, Washington, D. C.; Arthur T. Cabot, Boston; J. H. Pickard, Philadelphia.

After a little further business President Bendell adjourned the meeting.

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**Europhen in Cutaneous Diseases.**—Dr. W. S. Gottheil, of New York, has employed Europhen in thirty-seven cases of various diseases of the skin. The drug was used as an ointment, with lard or vaseline, in strength of half a drachm to a drachm and a half to the ounce; the pure as dusting powder. The author's conclusions are as follows: The best results were obtained with the drug in tertiary syphilitic ulcerations. Out of four cases, three were rapidly cured, and one was much improved when lost sight of. Excellent results were also seen in chromophytosis (*pityriasis versicolor*) and trichophytosis corporis (*tinea circinata*), the two cases of each disease getting well quickly.

Ringworm of the head, on the other hand, as well as acne and folliculitis, were not affected. *Pruritus senilis*, *alopecia areata*, and *keratosis pilaris* should benefit from the use of the drug, but not more than is usually obtainable by other means.

Of eczemas (seven cases), the more chronic varieties were improved, and two cured. The acute varieties were not benefitted; and on seborrhœal eczemas the effect was undecided. The drug deserves further trial in chronic cases of this malady.

In parenchymatous dermatitis with ulceration (seven cases), chronic cases, with sluggish ulcers and dead tissue, were much benefitted, though I have not recorded a single case as cured. The well known obstinacy of the malady, and the practical difficulties in the way of its ambulant treatment, fully account for this. In all five cases of psoriasis, but one the improvement was marked. The result was fully as good as that obtained by the use of chrysarobin for the same length of time; over which drug europhen possesses great advantages in point of non-irritating and non-poisonous qualities.—*Medical Record*, Dec. 17, 1892.

THE  
**Albany Medical Annals**  
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HOWARD VAN RENSSELAER, PH. B., M. D., EDITOR.

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## ANNOTATIONS.

### The Publication of Physicians' Portraits.

New York, December 26, 1893.

*To the Editor of the Albany Medical Annals:*

SIR: Your reference to our calendar for 1894 demands our attention. While you did not mention us by name, the reference is so direct that the physicians who received the calendar cannot but know to whom you referred.

It has been our custom for several years to send to the medical profession throughout the United States, portraits of eminent physicians and surgeons, and, inasmuch as their distribution has been scrupulously confined to medical men of good repute, no objection has been offered by those gentlemen whose likeness we reproduced. Not a copy of this calendar, nor of any of our other numerous publications, has ever been sent to the laity.

Maltine is distinctly not a "patent medicine," nor has it ever been advertised to the public, and therefore we have considered it within our province to distribute portraits just as we have promulgated testimonials from the most eminent physicians and chemists in this country and Europe.

We have statistics to prove that ninety per cent. of the physicians of the United States prescribe maltine. This fact, in addition to the fact that we reach the patient *only through the physician*, would seem to amply vindicate our use of the likeness of a physician whose pictures are on public sale and have continually appeared in the public press, and who is well known as a public man.

The portraits referred to were not used to push the sale of our preparations, as was the portrait of Dr. D. Hayes Agnew, recently published by us. It will be remembered that we printed under Dr. Agnew's portrait a facsimile of his indorsement of maltine. Our only reason for publishing the portrait of Dr.—was because we thought it would interest his medical brethren, who have shown so high an appreciation of the series of likenesses we have already published.

We should like further to say that as soon as objection was made by him we suspended the distribution of the calendars, as we would not knowingly offend even one of the honorable profession to whom we are so greatly indebted.

#### THE MALTINE MANUFACTURING COMPANY.

**An Army Medical Board**—will be in session at Washington, D. C., during April, 1894, for the examination of candidates for appointment to the Medical Corps of the United States Army, to fill existing vacancies.

Persons desiring to present themselves for examination by the Board, will make application to the Secretary of War, before March 15, 1894, for the necessary invitation, giving the date and place of birth, the place and State of permanent residence, the fact of American citizenship, the name of the medical college from which they were graduated, and a record of service in hospital, if any, from the authorities thereof.

The application should be accompanied by certificates based on personal acquaintance, from at least two reputable persons, as to his citizenship, character and habits. The candidate must be between 22 and 28 years of age, and a graduate from a Regular Medical College, as evidence of which, his Diploma must be submitted to the Board.

Successful candidates at the coming examination will be given a course of instruction at the next session of the Army Medical School, beginning in November, 1894.

Further information regarding the examinations may be obtained by addressing the Surgeon General, U. S. Army, Washington, D. C.      GEO. M. STERNBERG,

*Surgeon General, U. S. Army.*

**The Conservative Treatment of Hemorrhoids.**—P. Reclus (*Gaz. des Hôpitaux*, 1893, No. 35) treats painful hemorrhoids by sitz baths and washings with water at a temperature of about  $120^{\circ}$ — $130^{\circ}$ , and believes that their worth is far greater than that of cold baths. Before and after defecation the patient should insert into the anus cotton tampons soaked in a 2 per cent. cocaine solution. As the first operative procedure he recommended dilatation, not the digital, but by means of Trelat's two-bladed speculum. General narcosis is unnecessary. A tampon soaked in a 2 per cent. cocaine solution is placed in the ampulla recti for three or four minutes; then he injects into the sphincter and itself in different places 1 hypodermic syringefull, dr.j, of a one per cent cocaine solution, which produces full anaesthesia in a few minutes. The speculum is then introduced and opened to the maximum. The author has used this method in sixty cases with but one troublesome case. All the others were permanently cured. Incontinence never followed, and in only one case was there a relapse. In such cases an operation is the only recourse, either with the knife or scissors. This can be accomplished with local anaesthesia from cocaine. The author has operated with success in thirty cases in this manner, and in only one was there complication, a secondary hemorrhage, which was easily controlled by a deep stitch.

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He believes that the exterpation should be the last resort, and that the other methods should be used in the order described.—*Am. J. Med. S.*

**The Value of Creosote in Gastric Fermentation.**—Creosote has been used within the last few years in the treatment of bronchial or general pulmonary diseases that many of us have forgotten the valuable results to be obtained by its employment in the treatment of gastro-intestinal troubles associated with fermentation. As is well known, the name of the substance is derived from the fact that it was found to prevent decomposition of nitrogenous matter, and that it therefore acted as a distinct antiseptic. There are two classes of cases of indigestion or disorder in the alimentary canal in which creosote is of great value. Aside from those instances of persistent vomiting whereby by its local action it often renders us great service, it is also useful in those cases of fermentation or chronic indigestion in which there are found large quantities of flatus some time after eating. Whether the distention is caused by the fermentation of starches or the decomposition of nitrogenous materials, a minim or two of creosote half an hour or so after eating, or immediately after eating, will often help such cases. Another instance in which creosote is of value is in a case of severe acute gastro-intestinal fermentation, which is often manifested, in the severe cases, by an actual attack of cholera morbus. The administration of creosote in such an instance not only tends to prevent the vomiting, but to inhibit the production of poisonous products which are developing from the bad food that the patient has been unfortunate enough to take. Here, again, the dose of from one to three minims of creosote, well diluted, proves of value. In those instances in which the vomiting is too intense to permit the swallowing of much liquid, it may be administered in the dose of from one-half to one minim in a tablespoonful of water, milk, or brandy, a few drops of this mixture being given at a time. Notwithstanding the laudatory statements which have been made as to the value of thymol, naphthaline, and other gastro-

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intestinal antiseptics, we believe that creosote is the best one which we can employ, and we doubt, if it is administered carefully, that it is apt to produce disturbance of the digestion by irritation of the mucous membrane as some of the more highly praised and more expensive remedies. It is hardly necessary to add that it is important to use the beechwood creosote, and not that derived from the mineral kingdom.—*The Canadian Practitioner.*

**Physicians as Prescribers of Nostrums.**—There is a disease that has eaten like a cancer into our profession, and has weakened its constitution in many points. It is a contagious disease, and when once contracted it is hard to cure. It seems to enter the very life of the physician and finally causes his death. He carries the disease to his patients, and when they become infected they leave him and give it to others. The physician may keep this affection a secret for a time, but sooner or later it will come to light. This disease has various names given it, but it is best known as the patent-medicine humbug. There is nothing so detrimental to the honor and dignity of the medical profession as the fact that many of our physicians will prescribe a medicine of which they know literally nothing, except that it was said to have been discovered and used by the Indians of the West or the Negro slaves of the South, and that it is dispensed under a high-sounding name, is protected by a trade-mark, and is recommended for every disease under heaven. All good and effective medicines have a very limited scope of usefulness, and whenever a physician becomes too negligent to study his case and prescribe well-known and tried remedies for definite pathological conditions he is no addition to his profession. As long as pure drugs are manufactured, as long as scientific works on *materia medica* and *therapeutics* are written, as long as ample facilities for acquiring a knowledge of medicine exists, there is no excuse for the physician acquiring the habit of prescribing patent-medicines. The physician who does form such a habit becomes a self-constituted and unre-

munerated agent to advertise the nostrums of the unscrupulous manufacturer, and assists in deceiving the public.—*Address to the profession and the public by Dr. J. T. Graham, of Wytheville, Va.*

**“Ganglion, Twenty-Five Consecutive Cases Successfully Treated.”**—Jordan (H. Martyn), Lancet, July 29, 1893. The author defines the word Ganglion as meaning “a small cyst in connection with the sheath of a tendon.” They vary from a pin’s head to a walnut in size, the capsule of the sac consisting of fibrous tissue lined internally with synovial membrane. The contents vary in color and consistence from a clear transparent fluid to a deep yellow or pink viscid substance — the usual condition being a faint pink color and a consistence similar to ordinary synovial fluid. In its growth a Ganglion may press on cutaneous nerves, causing pain referred to area of distribution. Its most usual situation is in connection with the tendons of the extensor communis digitorum at the back of the wrist; and it is also found on the dorsum of foot about the tendons of the extensor longus digitorum. Occasionally, also, one is found of small size firmly attached to the flexor tendons on the proximal phalanges of the fingers.

After enumerating the explanations of various authorities of the causation of the lesion, the author supports the view that it arises from a hernial protrusion of the synovial membrane through a slit or rent in the fibrous sheath; the neck being compressed by the tight sides in the rent of the sheath a plastic inflammation is set up obliterating the neck, and the sac is thus shut off from the rest of the synovial cavity. His reasons for this view are: (1) The frequency of the affection in persons who occasionally have hard manual work to perform, such as charwomen who have wringing to do. (2) The sudden and painful onset succeeding some exceptionally hard work, as noticed in the cases quoted. (3) The results of careful dissection, showing that the fibrous capsule of the sac is of new formation from areolar tissue and not a mere expansion of the fibrous sheath.

The various methods hitherto adopted for the treatment are mentioned at some length, namely: (1) Rupture by pressure of thumbs, or by a sharp blow. (2) Electrolysis. (3) Puncture and scarification, a valvular opening being made into the cyst, the contents squeezed out, and the interior thoroughly scarified, followed by the use of splints and gentle pressure. (4) Seton; carbolized silk gut or horse-hair being used. (5) Incision into cyst, and then allowing it to gradually heal up from the bottom. (6) Excision by carefully dissecting out the unopened cyst and then cutting it from the sheath.

These methods are objected to for various reasons:—recurrence, suppuration in sheath, matting of the tendons together, unsightly scars.

It is by a combined method of aspiration and injection that the author has treated his cases. The object aimed at is to cause inflammation of the synovial tunic which become covered with layers of plastic lymph, and this lymph subsequently organizing, the synovial membrane as a secreting surface is destroyed, and by keeping the walls of sac in opposition the cavity is obliterated.

The operation is thus described: The part being scrupulously cleansed, a large hypodermic syringe, with a wide-bored needle which is screwed on, after being carefully made aseptic, was thrust into the Ganglion and the contents withdrawn. Often there was considerable difficulty in getting these to flow through the needle, in which event firm pressure on the tumor synchronous with the aspiration, overcame the difficulty. The syringe being unscrewed with the needle left in position, a piece of lint wrung out of a 5 per cent. carbolic acid solution was placed at once over the needle, the syringe emptied and then filled with Morton's fluid, was rescrewed on to the needle and the sac partly filled. On withdrawing the needle the "tumor" was freely manipulated, to insure the fluid reaching every part of the interior. A splint reaching to the finger tips was applied, and the thick, tightly folded pad of lint firmly strapped over the tumor, and the arm suspended in a sling.

The patients were seen the next day and the parts inspected on the second day, when the tumor had disappeared, only some slight fulness remaining with no inflammation or pain. Splint removed on the fourth or fifth day, and by the tenth all fulness had disappeared, the pressure being then omitted.

The cases were kept under observation for two or three months, and in none was there any recurrence, and weakness of the limb had vanished. It was ascertained one year and nine months afterwards, that this beneficial condition continued, except in two cases, where there was some slight fibrous thickening.

Seventeen of the cases were charwomen, washerwomen, or housemaids. One a great tennis player, another an athlete and two more dressmakers. In no case was more than half a dram injected.

The advantages of this method are:—(1) No scar; (2) No pain, except the prick of the needle; and hence (3) No anaesthesia required; (4) No risk.—*Medical Chronicle*.

**The Principles of the Treatment of Gonorrhœa.**—  
(Principien der Gonorrhœe-Behandlung. Read before the International Congress of Dermatology, at Vienna, September 8, 1892). By Professor Neisser, of Breslau.

The distinguished discoverer of the gonococcus considers that all rational treatment directed towards the cure of gonorrhœa should be based upon the recognition of that micro-organism as the pathogenic principle of the disease. The greatest difficulties encountered in its eradication, are, that it does not remain localized in the urethra, but spreads to the cord, epididymis, prostate, and bladder in the male; to the uterus, tubes, ovaries and peritoneum in the female; and that the virus in the later stages is situated deep beneath the epithelial layers, extending thence to the surface or deeper tissues, thus forming a chronic source of infection. It can only easily be reached in the first stages. The aim should be to prevent an invasion of the deep urethra, and not to allow the disease to become chronic.

Treatment should be begun as soon as possible. The substances used must be (a) such as will kill gonococci, (b) which increase the inflammation as little as possible, (c) which do not injure the mucous membrane. Such as nitrate of silver, 1-4000 to 1-2000; ammon. sulpho-ichthyol, 1-100; weak Rotter's pastilles, free from carbolic acid and mercury, 1 pastil to 250 of water; bichloride of mercury, 1-40,000 to 1-20,000. Pure astringents in the early stage are unsuitable, as they may serve to spread the infection. Cauterizing solutions of great strength, which may cause stricture, are dangerous, as are also many mechanical methods, such as the endoscope bougies, etc. The best treatment is the early and frequent antiseptic irrigation of the urethra, for practical reasons, viz: the wide spread of the disease, injections with large syringes, must generally be used instead of irrigations.

In the female, the treatment should consist of thorough mechanical cleaning of the urethra and cervix, also douches and injections.

The general dietetic, hygienic, and antiphlogistic measures are useful, and should be employed as far as possible. In all cases not very acute, the presence of a posterior urethritis should be recognized and treated locally, if an examination discloses the presence of gonococci. The treatment should not be limited in duration, as the aim should not be rapidity, but certainty. If chronic cases, it should be determined if the discharge is infectious, and if it is so, it should be treated by irrigation or instillations. If it is simple, we must be guided by the pathological and anatomical changes in the mucous and submucous membrane, as to the line of treatment it is best to employ. For the most part, these cases require no treatment at all. When the deeper tissues are affected, sounds, instillations, the endoscope, and massage should be used.

The successful treatment of gonorrhœa in the female is attended with much more difficulty than in the male, and without frequent microscopical examination, judgment as regards the therapeutic result is impossible. Treatment should be begun as soon as possible, and followed up most

energetically, as the tubes, uterus, ovaries, or peritoneum, once infected, are very difficult to cure, frequently necessitating grave surgical operations.—*The International Medical Magazine.*

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## BOOK NOTICES AND REVIEWS.

**Announcement for Early Publication.—A System of Legal Medicine.**—A Complete Work of Reference for Medical and Legal Practitioners, by Allan McLane Hamilton, M. D., of New York, and Lawrence Godkin, Esq., of the New York Bar, assisted by Thirty Collaborators of recognized ability. In two royal octavo volumes of about 700 pages each. Fully illustrated.

The great need of a Standard American Work on Medical Jurisprudence has long been felt; and this work gives abundant promise of being just what the Medical and Legal profession have so long wanted. Every department will be thoroughly and reliably treated.

E. B. TREAT, 5 Cooper Union, New York.

**A Treatise on the Science and Practice of Midwifery.**—By W. S. Playfair, M. D., F. R. C. P., Professor of Obstetric Medicine in King's College, London; Examiner in Midwifery to the Universities of Cambridge and London, and to the Royal College of Physicians. Sixth American from the eighth English edition. Edited, with additions, by Robert P. Harris, M. D. In one octavo volume of 697 pages, with 217 engravings and 5 plates. Cloth, \$4.00; leather, \$5.00. Philadelphia, Lea Brothers & Co., 1893.

It is but four years since the seventh edition of this valuable work appeared, but as it is already exhausted, the author has been compelled to again issue a new one.

During this brief period much important information has been added to our store of knowledge of the science of midwifery; information which has necessitated some changes in the older edition, and the introduction of much new matter

in the new. The chapters on extra-uterine pregnancy, the Caesarean section, symphyseotomy, and puerperal septicæmia have been re-written, and many smaller alterations have been made.

The American edition contains some notes and additions on certain topics where the opinions of clinicians and practitioners in this country vary somewhat from the established custom of our English cousins.

This well known treatise has been either a text book or work of reference in most medical schools for the past seventeen years and in the numerous editions which have appeared, it has been kept constantly in the foremost rank of the books which have been written on this subject; and is a work that can be conscientiously recommended to the profession.

**A Practical Treatise on Diseases of the Skin.**—By John V. Shoemaker, A. M., M. D. Second Edition, Revised and Enlarged with chromogravure plates and other illustrations. D. Appleton & Co., New York, 1892.

So many treatise on diseases of the skin have appeared during the past few years that a critical discussion of any one book becomes a matter of great difficulty when so many are good.

The work under consideration, of which this is the second edition, is one of those which shows marked individuality, combined with much research. The chapters are as concisely written as possible, but not at the sacrifice of accuracy and perspicuity.

Since the first edition was written in 1888, many interesting points in the etiology, pathology and treatment of skin diseases have been discovered, and have necessitated alterations in the text; especially is this the case in the more recent knowledge of the micro-organisms as factors in the etiology of cutaneous affections. This subject and the treatment of these troubles by bactericides have been fully considered. The action of electricity in certain forms of skin diseases is also given.

Throughout the work, each subject has been treated from the most recent standpoint, making the book a good reliable treatise on affections of the skin.

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## \*Feeding of Intubated Children.

By HOWARD S. PAYNE, A. M., M. D., ALBANY.

During this fall and winter, as usual, quite a number of cases of diphtheria and croup have rendered the process of intubation necessary.

Intubation, while promptly relieving the dangers and agony attending prolonged impeded respiration, is found to be objectionable mainly from the fact that the presence of the tube favors the passage of fluids during the act of swallowing into the trachea. Some children, old enough to make trials of swallowing with the head inclined in a certain position, soon find that deglutition can be accomplished without risk of having the fluid "go the wrong way;" in a large number of instances however, particularly those of young children, very severe paroxysms of choking, coughing and almost complete strangulation are at once brought on by any attempt at an effort to swallow any solid or liquid substance.

These paroxysms are accompanied by the following conditions:

*First:* Danger from the involuntary expulsion of the tube when no one sufficiently skilled is at hand to replace it in time to save life.

*Second:* Knowing, as we all do, the *extreme* discomfort produced by accidentally swallowing, even a minute quantity of fluid, the "wrong way," I feel convinced, from the observation of several cases, that the extension of inflammation

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\*Read before the Medical Society of the County of Albany, February 14th, 1894.

and bronchial complications were materially aided (or caused) by the frequent introduction of food, stimulants and medicines into the air passages. Certainly these fluids vary very materially in temperature and quality from the normal secretions of the membranes of the portions of the lungs with which they come in contact. The greater the difference, surely the greater the irritation.

*Third:* The liability to complete loss of vital force and rapid deterioration of the blood, occasioned by the lack of sufficient nourishing food, at a time when the system needs supporting sustenance in its most concentrated forms.

After the insertion of a tube, patients are readily divided into two classes; those who, after a little practice, can find a position in which the act of swallowing occasions but slight inconvenience; and those in which the fluid causes so much irritation as to lead the patient to refuse altogether to make the attempt.

This latter class of little sufferers, those unable to partake of food in sufficient quantities, a little medicine, or even a drink of cold water, constitute the class for whom relief is suggested by means of the plan proposed in the body of this paper, viz: *feeding through the nose.*

Feeding through the nose is not a new idea; I have not been made aware however, even after considerable investigation, that it has been applied for the relief of this class of cases.

The first attempt at nasal alimentation was made by Dr. Harrington Tuke. His method, however, soon fell into disuse, the tubes then made being insufficiently flexible, frequently lodged against the back part of the throat and remained fixed thereat, even though manipulation of the patient's head was employed.

Later, in 1878, Dr. N. Emmons Paine, then a member of the staff of the Middletown State Hospital for the insane, solved the problem of feeding patients who, through various delusions or forms of paralysis, refused or were unable to swallow food of any kind; the method he resorted to being

that of inserting a piece of soft rubber tube of sufficient length (a long catheter being used at first) through the nares into the stomach, and then, by means of a Davidson's syringe, injecting a suitable quantity of concentrated nutritious fluid. This method has been employed ever since in that institution for supporting all cases in which feeding by the mouth is found impracticable, and become generally used in other institutions.

On several occasions I have rendered very important assistance, and probably saved life, by resorting to the simple process of feeding the little patient through a soft catheter inserted into the stomach through the nose.

The process I have usually resorted to is that of first spraying the nares and fauces with a weak solution of cocaine, say 2%, which removes the slight irritation that might alarm or make the child rebellious, and then, after oiling a new soft rubber catheter (size Number 6 or smaller) very slowly pass it through the least obstructed nostril as far back as the pharynx.

In case slight gagging is occasioned by the pressure of the tip of the tube at this point, by withdrawing it a trifle the sensation immediately ceases. A rapid movement will then quickly carry it down into the oesophagus below the larynx and highly reflex area. The remainder of the catheter can be introduced slowly and imperceptably to the patient into the stomach, the operation being accomplished without pain or inconvenience.

A No. 6 catheter will not enter any of the O'Dwyer tubes, except possibly the largest.

The operator will be quickly apprised of the entrance of a very small tube into the larynx, by the current of air that will at once be forced through at the first expiration. When in the oesophagus the act of swallowing on the part of the patient is present.

The tube having been introduced far enough (thirteen or fourteen inches) the desired quantity of nutriment can be slowly yet easily passed into the stomach, after which the

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tube can be slowly withdrawn. The catheter should be long and not too flexible as it can then be sometimes coughed into the mouth, and not too rigid as all irritation possible should be avoided. (This does not apply to adults.)

In order to make a proper connection between the syringe and the catheter, the glass portion of an ordinary dropping tube can be used, first removing the hard-rubber adjustment. The syringe (if a Davidson) should be worked a few times before completing the connection, in order to exclude as much air as possible. A fountain syringe is quite as good and the speed can be perfectly controlled by the amount of elevation. I have usually used a simple catheter and funnel.

The advantages derived from nasal feeding are many and desirable; mainly the following:

The easy introduction at regular intervals of *sufficient quantities of concentrated nutriment, stimulants and medicines*, no effort being required to render such nutriment or medicines agreeable to the whims and tastes of an irritable and nervous child. (The fluid enters the stomach without being tasted in the slightest.)

The removal of aggravating *thirst* by the introduction of sufficient quantities of fluid nourishment.

The ability to feed the patient while in *any position*, either sitting or reclining, the patient being able to breathe and converse without interruption during the entire process.

The ability to administer suitable quantities of nourishment without pain or inconvenience to the patient, even when, owing to the presence of enlarged, sensitive and often times denuded tonsils and an irritable throat, very little nourishment could possibly be taken on account of the pain attending the act of deglutition. This is because the tube passes behind and free from the tonsils. An entire feeding is often less painful than a single act of swallowing.

The saving of a large proportion of cases derivable from an early application of the O'Dwyer's tube into the larynx, such application being often postponed on account of the difficulty heretofore experienced in administering a sufficient amount

of sustenance by the mouth. Thus preventing *bronchial and capillary congestion and infiltration* of the lungs, induced by violent respiratory efforts, often prolonged many hours or even days, the irritation arising therefrom being one of the complications leading to a fatal termination.

If this method of feeding, which has been admirably successful in my hands, can prevent the dangerous delay in introducing the tubes, afford thorough nourishment, and be the means of saving a larger per cent of cases, it will be a great gain.

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## The Medico-Editorial Trip to the South.

BY HOWARD VAN RENSSELAER, PH. B., M. D.

Some of the southern railroads for many years have been standing in their own light by engendering and fostering the idea among the people of the North that the South is a land of swamps and alligators. This they have accomplished by widely distributing advertising matter containing highly-colored pictures of marshes with alligators basking in the sun or resting under the shade of trees whose branches are weighed down with depressing-looking, long-festooned Spanish moss.

To rectify these misconceptions and to circulate as widely as possible the information that the South is a country of as varied conformation as the North and excelling it in many places in healthfulness and balmy atmosphere, and that it is not a land of swamps and malaria, the Seaboard Air-Line acting in conjunction with the Old Dominion Steamship Company, organized a medico-editorial party from some of the most representative medical journals of the north-eastern part of the United States to investigate the climate, soil and healthfulness of the Southern States bordering the Atlantic ocean through which its lines run.

The party of medical editors with their wives left New York on a comfortable steamer of the Old Dominion Line in the midst of that intensely cold and snowy day which was the commencement of the blizzard in the middle of February.

On reaching Norfolk the weather had become warm enough to make the snow very wet, and a little further south it turned into rain. On reaching Southern Pines, south of the center of N. C., we were told that there had been no snow there.

The Sea-board Air-Line placed two cars at our disposal, and three of its officers to act as our escort. During part of the time our cars ran as a special, and sometimes we were joined to the regular trains. Occasionally we took our meals on board, but as a rule we were most generously entertained by the cities and villages where we stopped. Our nights were spent in our berths on the train. Dr. Picot, of N. C. accompanied us a great deal of the journey, and by his kindness and agreeable conversation added much to our enjoyment.

The first place we stopped at was Henderson, a thriving town near the northern boundary of North Carolina. Here we were met by the local physicians and most cordially welcomed and entertained. Henderson, in the center of the tobacco district, lies on fairly level ground, and is said to be, and gave evidence of being a healthy town; but the soil in the neighborhood is clayey, which is prejudicial to northern invalids on account of the deep mud, the length of time it takes to dry, and the subsequent inhalation of the dust.

Our next stop was Southern Pines which we approached by moonlight. From the cars it seemed as if the ground in places was thickly covered with snow, and it was not until we trod on and touched the white sand that surrounded us that we could be convinced that it was sand and not snow.

For our purpose we came at a particularly favorable time as it had been raining all the day before and part of the day we arrived, but notwithstanding this we found the sandy soil perfectly dry. The native grass, called the wire grass, also has the tendency to shed rain quickly, so that it is said that one can walk through the grass half an hour after a storm without getting the feet wet.

The little village was built for a health resort and as a result one finds trim, pretty cottages and neat, small hotels,

but no shanties, no houses of the very poor and no evidence of poverty. The negro settlement, from which the servants are recruited, is a little reservation by itself some distance from the village, and the negroes are not allowed to live on the ground set apart for the growing town.

Most of the inhabitants are Northern people who came South in search of health and found it here. Many of them have taken up gardening in a small way, and many shining Magnolias and ornamental shrubs have been planted. Several gentlemen took great delight in showing us the remarkable growth of their grape vines, and peach and pear trees, which have been planted for two or three years only.

The soil is sandy or a sandy loam and seems capable of much cultivation.

Scattered through the village are good specimens of the Southern pine, and forests of it are in the immediate neighborhood. The air blowing through these trees carries with it ozone, and aromatic ingredients from the pines. There are but few human habitations, except in the hamlet, for miles around, making the air pure as possible. The sandy loam being fifty or more feet deep, and the town being on the top of the highest ridge in the pine-bearing region, at an elevation of about 600 feet, the water very rapidly drains off and is absorbed. These advantages are particularly valuable for those persons who are run down in health, and especially for those with commencing tuberculosis, enabling them to be out of doors nearly all the time, as the ground and lower strata of air are dry.

At present the place is but little more than a hamlet with but few streets laid out and not many churches, schools, or stores, but with the erection of the new large hotel which is under course of construction, an impetus will be given to the place, and all comforts and conveniences will rapidly follow.

We did not have time to take any drives, but the roads are said to be smooth and always dry, and there are mineral springs in the neighborhood. The shooting is also reported to be good.

Our next stopping place was Charlotte, N. C. A large delegation of the medical fraternity and representative citizens met us at the station and took us a long drive about the very flourishing town, and showed us all the points of interest. A pleasant reception at the Central Hotel followed, which gave us a chance to meet more brother practitioners and many charming and beautiful women. Following the reception was a banquet, of which nearly eighty of our entertainers partook.

Charlotte is a wide-awake thoroughly progressive town, and impressed us very favorably; but outside of the town the soil is the tenacious red clay which makes driving or walking disagreeable at this time of the year. If the citizens of Charlotte give as warm a welcome and cordial a treatment to other Northerners as they did to us, we can assure our friends and convalescents who need a warmer climate, and whom we may wish to send there, that they will be well taken care of, and from the very first, made to feel thoroughly at home.

Through South Carolina we sped at night without stopping, and arrived in the morning at Athens, Georgia. At a station some distance from Athens, a number of Athenians boarded our train and bade us welcome to their city. This hearty greeting was repeated at our destination by many friendly faces. We were escorted to carriages and driven to the hotel, where a number of gentlemen and ladies awaited us, and a delightful informal reception was held. On the centre table was found a large bowl of jonquils, crocuses and violets which had grown out of doors. These were the first spring flowers we had seen, and were very grateful, in the middle of February, when a few days before we had left a country nearly snow-bound. After the reception, we had a delightful dinner of about sixty, followed by the usual speech making. On our way north, when we had visited all our stopping places, we were agreed that the greatest number of handsome women whom we met anywhere, was in the little town of Athens. After dinner, laden with our fresh flowers, we took a drive about the place. The town is built on very undulating

ground, which makes it varied and attractive, and it possesses besides, many points of interest, as the University of Georgia; the house of Dr. Crawford Long, who made the first practical application of anæsthesia; the birth-place and house of Henry Grady, the most distinguished Southerner since the war; and the great number of beautiful old southern homes. Nowhere had we seen together so many of these charming, large, generous, white columned mansions; and the place is unqualifiedly the prettiest town that we saw in Georgia. Here also the soil is the red clay, but the statistics of the town show that the death rate is low, and the place exceptionally healthy. The water supply is excellent, and the surface drainage good. To those seeking quiet, a mild climate, a comfortable hotel and agreeable surroundings, this place can be highly recommended.

Atlanta, which was the most southern place we stopped at, was next visited; while there we had most urgent and cordial invitations from Augusta, Macon and Savannah to visit their cities, but our time being so limited we were reluctantly obliged to decline. At the depot we were met by a deputation of doctors and citizens, who entertained us later in the evening at the Commercial Club.

The following day was spent in seeing the city, which is altogether modern in its appearances, and in energy, push and rapid growth, rivals almost any northern city. We were indebted to many kindness and courtesies during our stay in the capital city from many of the physicians and citizens. The soil about Atlanta is also a red clay.

To those who wish to continue the city life of a typical northern city in a warmer latitude, can do so most perfectly at Atlanta. The hotels are excellent, the streets well paved, the society pleasant and the climate mild.

On our return trip we spent a few hours at Clinton, S. C., as the guests of some of its citizens, and visited the Thornwell Orphanage, a well conducted and flourishing Presbyterian institution. The land is level; the soil a sandy loam; the climate mild and healthful.

From Clinton we went to Wilmington, N. C. Many times during our journey we received telegrams from this hospitable town, urging us to come and promising us an enjoyable stay. Promises which were more than fulfilled.

Sometime before reaching the town the committee boarded our train to get better acquainted with us, and to lay out the program for the day. On arriving at Wilmington we were driven to the Orton hotel, where as guests of the citizens, a most delicious breakfast was partaken of. Then we were escorted to the wharf and boarded a steamer for a sail down the Cape Fear river to the ocean. More than twenty of the ladies of Wilmington did us the honor to accompany us on the sail, and charmed us with their presence and conversation. On the way down we took on board a number of shad which had just been caught. On the return trip a sumptuous luncheon prepared by the ladies and informally served, was thoroughly enjoyed. The fresh jonquils and violets on the table were living witnesses of the continued mildness of the climate, and at the time the air was so soft and balmy that overcoats even on the water were unnecessary. Directly on our return to Wilmington we were whisked off on the train to the ocean, about five miles distant. Near which we had an excellent oyster roast. It was after dark when we returned, thoroughly tired with the day's sight-seeing.

Wilmington is situated on the navigable Cape Fear river, about thirty miles from its mouth, and five miles from the ocean. The climate is about the mildest in the state.

Although the mean temperature is practically the same as Southern Pines which is 200 miles from the coast; yet being so near the sea its climate is marine or insular, i. e., it is more uniform than it is further inland, and its diurnal and seasonal range is smaller, not being subject to the extremes of heat and cold that are common to inland places. The average temperature of the winter months, from November to March inclusive, is  $50.5^{\circ}$  F. The coldest month, January, the average is  $47.3^{\circ}$  F. The precipitation is quite abundant, being a little less than three and a half inches for the winter months,

and is slightly in excess of Southern Pines. Being situated on a slight hill and the soil being sandy, the water runs off and disappears very rapidly, making the walking and driving good at almost all times. There is a perfect shell road of many miles; the other roads seem more sandy. There is a greater freedom from frost and snow here than in any other part of the state. The town is clean; the residential part of the city being built of large detached houses with ample gardens, and abundance of fresh air is ensured. The handsomest house of the old southern pattern which we saw on our trip, was here.

The land in this section of the country is flat, and the landscape monotonous and uninteresting. The region of the Cape Fear river above Wilmington is said to be unhealthy. But in Wilmington there is no malaria and no typhoid fever, pneumonia is almost unknown, and the death rate is low.

Our last stopping point was the capital of the state, Raleigh. We were unfortunate in our weather here, both going and coming, as it rained on both occasions. We were met at the depot and kindly welcomed by a deputation of physicians and citizens, and driven to the hotel Yarboro, where an elaborate banquet for about sixty, under the auspices of the Chamber of Commerce, was held. The following morning we were shown some of the interesting features of the city, and then turned our heads northward.

The same reddish clay which we found in all the cities and villages of the South which we visited, except Southern Pines and Wilmington, was encountered here, a feature which makes it undesirable for continuous residence for consumptives. The weather is colder and more snow falls there than in the other places we visited. The death rate is not low, being 18.6 for 10,000 in January. These facts are to its disadvantage from our standpoint, but on the other hand the city is well laid out, the hotels are good, and its citizens most courteous and hospitable, all of which are important accessories to a prolonged stay.

The kindness and hospitality that we received from every one in the South with whom we have come in contact was unexpected and most gratifying: without exception in every

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place that we have visited, eager hands have been stretched out in welcome; all the information that we sought has been readily given; drives, receptions and banquets have been showered upon us; excursions have been organized in our honor, and in every possible way, not only our professional brethren, but also officials and private citizens and ladies have gone out of their way to make our stay in their localities pleasant and to aid us in our researches.

We were all profoundly touched by their cordiality and generous hospitality, and will always carry in our memories, grateful recollection for the kindnesses shown us on this trip, by our Southern friends.

To the officials of the Seaboard Air-Line and Old Dominion Steamship Co., the originators of this trip, and our hosts, our heartiest thanks are due, not only for their generous entertainment, but also for their courtesy, their unfailing zeal in supplying us with all necessary information, and in administering to our wants in every way.

To rapidly review the sanitary impressions of this brief trip, impressions which have been formed on very superficial observations, and which might require many modifications had we more time to thoroughly investigate every detail that we could wish, we have come to the conclusion that in the limited section of the great South which we have opportunity to visit, that several of the places have special points of advantage depending on the purpose of those who seek them.

To those who are well, and who prefer the comforts, pleasures and amusements of a large city, but at the same time wish for a warm climate, Atlanta is to be recommended.

Those who prefer an inland air, a village life, the comforts of home and agreeable society, but without the bustle and noise of a large city, can find what they want in Charlotte, N. C., and Athens, Ga. The preference being given the latter on account of the warmer climate, and more attractive environment.

For invalids, convalescents and those with commencing pulmonary troubles, the salubrity of climate and the dry sandy

soils of Wilmington and Southern Pines in North Carolina, are the most desirable. The advantages of Wilmington for a sojourn during the winter are very great. It possesses a mild, equable, though being so near the ocean, a somewhat moist climate, a sandy soil, an excellent hotel, a most charming hospitable society and a comfortable club, well paved streets, good stores, ample railroad facilities, and pleasant excursions in the neighborhood. It is next to Southern Pines in its natural advantages, while in all the creature comforts which go towards helping to make a comfortable existence, it far excels its inland rival.

For great natural sanitary advantages, Southern Pines, on the summit of the long-leaf pine belt, in the Piedmont district of North Carolina, deserves the palm. Its advantages are a clear bracing atmosphere, absence of dust, an air dry and fragrant with the odors of the vast pine forest, the exhilaration of the ozone inhaled at every breath, the dry absorbent sandy soil, the unlimited opportunities for exercise in every direction in the open air, by walking, driving or horseback riding at all seasons of the year, the opportunities for self supporting industry for those who wish to make it a permanent home, the absence of everything that offends the eye or nose, the neat, attractive cottages and the prosperous air of the place. Such are the factors which make it an ideal natural sanitarium. Unfortunately, it is yet in its infancy, and many of the other factors which make life agreeable, are at present lacking. But having in it all the elements of success, the energy and forethought of its promoters will soon supply the deficiencies, and it is destined to rise to the deserved prominence of being the healthiest, as well as one of the most desirable winter resorts for those suffering with lung troubles on the continent.

The sentiment in favor of Southern Pines as a winter health resort was expressed as follows by all the members of the party:

To the Medical Fraternity: The physicians who composed the Medico-Editorial party, who have visited the state of

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North Carolina along the Seaboard Air-Line, desire to express the opinion that the Piedmont region, between Henderson and Hamlet offers favorable natural conditions for sanitation.

For persons whose health requires a mild winter climate, Southern Pines, a station on the Seaboard Air-Line, because of the dryness of its soil, its elevation above sea-level, the invigorating quality of its atmosphere and its accessibility to New York and New England, associated with moderate necessary expenditure during temporary or prolonged residence—presents natural advantages that highly recommend it to the favorable attention of the medical profession.

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### **Announcement of Meetings of Medical Societies.**

CONGRESS OF AMERICAN PHYSICIANS AND SURGEONS, is to be held in Washington, D. C., May 29th, 30th, 31st, and June 1st, 1894. President, Albert L. Loomis, M. D., New York City; Chairman of the Executive Committee, Landon Carter Gray, M. D., New York City; Treasurer, John S. Billings, M. D., Washington, D. C.; Secretary, William H. Carmalt, M. D., New Haven, Conn.

AMERICAN MEDICAL ASSOCIATION will meet at San Francisco, June 5-7, 1894. Jas. F. Hibberd, President; Wm. B. Atkinson, Permanent Secretary; R. J. Dunglison, Treasurer.

THE FORTY-FIFTH ANNUAL SESSION OF THE MEDICAL ASSOCIATION OF GEORGIA will meet in Atlanta, Ga., on April 18, 19, 20. The officers are: President, W. H. Elliott, M. D., of Savannah, Ga.; Vice-Presidents, G. T. Miller, M. D., of Americus, H. D. McHatton, M. D., of Macon; Treasurer, E. C. Goodrich, M. D., of Augusta; Secretary, Dan H. Howell, M. D., of Atlanta, Ga. Dan. H. Howell, M. D., Secretary Medical Association of Georgia.

THE ASSOCIATION OF MILITARY SURGEONS OF THE UNITED STATES.—The Fourth Annual Meeting of "The Association of Military Surgeons of the United States," will be held in Washington, D. C., May 1st, 2d and 3d, 1894. George Henderson, Chairman Committee of Arrangements.

## Obituary.

### Rev. Charles Devol, M. D.

Memorial tribute of the Medical Society of the county of Albany, to the late Rev. Charles Devol, M. D.:

There is joy mingled with our sorrow as together we pay a last tribute of affection and respect to the memory of our beloved professional associate and friend, the Rev. Charles Devol, M. D., who was so suddenly called to enter upon his long-expected and fondly cherished reward. Although somewhat enfeebled with the burden of more than four score years, he was never weary in well-doing in his constant and varied ministrations to the body and to the soul,—only last Sabbath he earnestly and acceptably officiated in his long-favored church. He was universally esteemed as a friend of the poor, a physician of remarkable ability, a good citizen and a devout Christian. Therefore,

RESOLVED, That we make record of our personal regard and esteem and that we tender our heartfelt sympathy to his bereaved family.

RESOLVED, That as a tribute of respect we will attend his funeral in a body and wear the usual badge of mourning.

S. H. FREEMAN,  
J. LEWI,  
WM. H. BAILEY,  
A. VANDERVEER,  
F. C. CURTIS,

Committee.

MR. PRESIDENT:— It is with a feeling of the deepest respect that I pay a last tribute to the memory of our departed brother, Dr. Charles Devol.

Although my relations with him were not intimate, yet I had some opportunity to form a personal estimate of his

character. He was a man of honest purpose and firm resolute will. Coming from New England, that birth-place of morality and industry, he early imbibed the influences of his environments. These and the directing care of worthy and upright parents well fitted him for future usefulness and distinction. In determining his future occupation he chose medicine and was graduated from Fairfield Medical College.

Stimulated by a laudable ambition to benefit mankind, not only here but hereafter, he entered the ministry and most acceptably filled various pulpits according to the itinerancy of the Methodist Episcopal denomination. His last pastorate was in Albany after which he resumed the practice of medicine.

As a physician he was held in high esteem. He was always true to his religious principles and strictly honorable in all his relations with his fellow practitioners observing carefully the ethics of his profession.

He worked hard and conscientiously regardless of pecuniary remuneration. Actuated by a truly benevolent spirit he promptly responded to the calls of the poor or suffering. Both in principle and practice he endeavored to follow the example of Him who "went about doing good."

He was a man of positive convictions, a careful investigator and a logical thinker. Not easily shaken by conflicting opinions, he clung with firmness to the principles that had been early instilled into his mind.

He was one to whom religion meant practical goodness, to whom life meant Christ-like activity. Both as a minister and physician his influence has been widely felt. — He will be particularly missed by the poor of our city. — A good citizen, a loyal friend, a true benefactor, he will always be held in kind remembrance by all who knew him.

WM. H. BAILEY.

Dr. Charles Devol, a venerable member of this society, whose death is the occasion of our coming together this morning, passed away from us suddenly day before yesterday, Monday, March 5, 1894, at the ripe age of 85. Not many

lives are extended to past four score, and when one whose early experiences reach back to so remote a time in the past, as is the case with our deceased friend, we are filled with a peculiar interest. Two months ago, the occasion of our being specially called together, was the death of one in the full vigor of youth, whose possibilities were largely before him. But when the age of 80 is reached a life history is practically accomplished, and all its possibilities worked out. Most of us have known Dr. Devol well enough to estimate his character and work, and as the later years have been but lengthening out, the picture has been manifestly complete before the final end has really come.

Dr. Devol was a native of Connecticut, where he was born in April, 1809. He received his education at the seminary and medical school of Fairfield in this State, an institution which contributed in a very remarkable degree to the medical education of this region and was really a light in the wilderness at the beginning of the century.

He secured his medical degree at this institution in 1831, sixty-four years ago. Not long after, having had a few years of medical practice, he became a Methodist preacher, and, I believe, for many years devoted his time chiefly to this ministerial work, having charge of churches in numbers of localities in this vicinity, in Eastern New York, and Western Vermont and Massachusetts. In 1854 he came to Albany as the pastor of what is now the Ash Grove M. E. Church, and at the end of a year's service there he resumed the practice of medicine as his principal work and has continued it since here.

He had a most loyal regard for his profession and a faith in the efficacy of medicine, and was an enemy to all sorts of empiricisms. This should be emphasized. I think he had a lofty ideal of life and desired to have his own tell as one of usefulness and service. We are all aware of his readiness to work for the poor, and probably no one ever lived in this city who gave his services so readily and constantly to those who were unable to compensate him pecuniarily. His skill

and services were freely open to the needs of all who called for them. So much of his time was thus occupied that he accumulated but a moderate income. No one could have a higher motive nor a better purpose, and in this his life is worthy of emulation; an unselfish life of unquestioning Christian service for his fellow men.

And withal, as I have said, he had a high estimate and regard for his medical profession, of which he was glad to be a member—as he certainly was a most loyal and consistent one, and a hard worker in it. He retained also his attachment to the clerical profession and work, and, altogether, was for a long lifetime a missionary of goodness in Albany.

He has held several offices in this society and has often contributed papers to its meetings. For some years we have seen him here infrequently. In 1881, following a worthy custom, we celebrated his fiftieth year from graduation and becoming a member of the profession. Even that anniversary of half a century of work, which on account of its marking a period of such duration, we esteem it worthy of commemoration, is so long ago that many of our members have forgotten it or were not themselves then of our number.

We would place upon the minutes of our Society our sense of respect for the memory of Dr. Devol, of pride and satisfaction in the long and useful life of good service he has had the grace to live, which reflects as one of us, to our credit, of regret that even having endured so long we are to see him no more with us, of our desire to have the worthy aims and valuable accomplishments which he has set before us, as well as his life of Christian piety, as the pattern for our own individual guidance in the life that remains to us.

F. C. CURTIS.

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**A Physician's Notes on the Changes in Strength of the Preparations of the New United States Pharmacopoeia.—**  
Acetum opii is about one-tenth weaker than formerly.

Phosphoric acid is nearly twice as strong as formerly. It is, however, to be noted that this change in phosphoric acid

does not effect the physician in his use of the dilute acid, as this is prepared by a new proportional formula, so as to keep its strength the same as before.

Sulphuric acid is apparently a little weaker than formerly, but not really so, as it has not in the past actually attained the standard fixed for it.

Sulphuric acid is nearly twice as strong as formerly.

Calx sulphurata is nearly twice as strong as formerly.

All decoctions and infusions not specifically mentioned in the Pharmacopœia are only one-half as strong as formerly. (By an error in writing the table on page 58 of the Pharmacopœia, these are made to appear as being four times as strong as they are in reality).

Liquor sodæ chloratæ is about one-fourth stronger than formerly.

Pepsin is required to have a digestive power over albumen of not less than 1 in 3,000.

Saccharated pepsin is six times as strong as formerly, and one-tenth as strong as pepsin.

Tincture of cannabis indica is one-fifth weaker than formerly.

Tincture of colchicum seed, digitalis, henbane, lobelia and belladonna have been so slightly altered in strength as to make no appreciable difference in their exhibition.

Tincture of cubeb is only half as strong as formerly.

Tincture of gelsemium is one-seventh stronger as formerly.

Tincture of nux vomica, previously without any effective standard, must now contain three-tenths of 1 per cent. of total alkaloids, while the extract of the same drug must contain 15 per cent. of total alkaloids, and its fluid extract must contain 1½ grams total alkaloids in 100 c. c.

Tincture of opium, tincture of deodorized opium and camphorated tincture of opium have suffered inappreciable increases of strength.

Tincture of physostigma is about twice as strong as formerly.

Tincture of stramonium seed is nearly twice as strong as formerly.

Tincture of veratrum viride is about one-seventh weaker than formerly.

Wine of ipecac is between one-fifth and one-fourth stronger than formerly.—*From a recent address by Dr. H. H. Rusby.—The American Druggist.*

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HOWARD VAN RENSSELAER, PH. B., M. D., EDITOR.

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### ANNOTATIONS.

**A Sure Sign for the Diagnosis of Small Effusions in the Peritoneal Cavity.**—The reading of an article which appeared in the *Journal de Medicine et Chirurgie* of Paris, France, in which the early practice of the operation of laparotomy is recommended in the treatment of intestinal invagination and internal strangulated hernia, adducing as a sure sign of their existence the detection, by means of percussion of the lateral dependent walls of the abdomen, of a small sero-sanguineous effusion which generally accompanies the beginning of said lesions, suggested to me the idea of publishing a much surer and accurate way of detecting the presence of the fluid, which is at the same time applicable even in those cases in which the existence of extreme tympanitis would render percussion useless as a diagnostic measure.

I attribute some practical importance to the publication of this method, because in the article quoted, early surgical interference is advocated as justified on the existence of the said effusion and its clinical detection; and if this symptom really is of such an important diagnostic value, it is very important the surgeons should have at their disposal various and sure means of discovering it with complete certainty.

The method I employ, and which can be appreciated by any practitioner who may wish to use it, is as follows: Placing the patient on his back on an inclined plane of  $45^{\circ}$ , the

index-finger well greased, is introduced into the rectum in order to examine the posterior peritoneal fold, in men; in women, the posterior vaginal cul-de-sac is examined.

If any effusion exists in the peritoneal cavity, no matter how small it may be, gravity will cause the liquid to descend to the most dependent parts, and in consequence of the position in which the patient is placed, it will gravitate toward the posterior part of the pelvic portion of the peritoneum. The exploring finger will clearly discover fluctuation, and to make sure that it is produced by a peritoneal effusion it will suffice to change the patient's position, while the surgeon's finger continues in contact with the postero-superior part of the rectum, and the liquid will be observed to change to the side on which the patient lies in his new position, and fluctuation immediately disappears, because the fluid which produced it has changed place and it cannot any longer be recognized by the exploring finger. If the patient is again placed in the former position, the fluctuation is at once felt by the examiner's finger, a circumstance which permits the surgeon to make sure, in the most positive and satisfactory way, of the existence of an effusion.

Practice has shown me the value, certainty and importance of this diagnostic sign, and this is the reason why I believe it my duty to publish it, so that it can be employed by other practitioners who can judge of its merits.

In cases in which pain or any great susceptibility on the part of a patient renders the rectal or vaginal examination difficult, an anæsthetic can be used.—*Medical Record.*

**The Hypodermic Injection of the Salts of Quinine.**—In *L'Union Medicale* there is an interesting article upon the hypodermic injection of quinine, in which the following solubilities of the various salts are given: 1 part of neutral hydrochlorate is soluble in .66 of water; neutral sulphovinate, .70; neutral lacate, 2.00; basic sulphovenate, 3.30; neutral hydrobromate, 6.33; neutral sulphate, 9.00; basic lactate, 10.29; basic hydrochlorate, 21.40; basic hydrobromate, 45.02; basic sulphate, 581.

The neutral hydrochlorate is by far the most soluble of the salts of quinine for hypodermic use, and is, in addition, rich in alkaloid. The sulphovinate is also very soluble, but not so advantageous. It has been found that the addition of antipyrin aids in the solubility of the quinine. As is well known, the hypodermic injection of quinine forms an important part of the treatment of cases of severe malarial poisoning.—*The Therapeutic Gazette*.

**Sulfonal in the Treatment of the Insane.**—Dr. John N. Scally (Maryland hospital for the insane) reports as follows, concerning the action of sulfonal:

"In treatment at this hospital, sulfonal has been used for its hypnotic effects in the stages of excitement during attacks of acute mania, mania following epilepsy, recurrent mania, chronic mania and also in melancholia.

It has not been our custom to give it regularly every day, but only at those times when, owing to the extreme restlessness and motor excitability of patients, sleep is denied them. In the management of acutely maniacal patients just admitted, when it is necessary to secure immediate rest, and, as is often the case, when the patients' very lives demand it, sulfonal has not failed in any case in which it has been used. Given in drachm doses, preferably in whiskey. Not only has it secured from six to eight hours of sound sleep, but it has produced quite a decided amount of motor sedation, lasting from eight to twelve hours after waking. In each case sleep was obtained within one hour after administration, and in none was any bad after-effects noticed.

Three of our cases, two being acute mania and one epileptic mania, furnish evidence of the value of sulfonal as a prompt and reliable hypnotic, when given in sufficiently large doses. In the first two cases both patients had been given morphine injections and other hypnotics by their family physicians, with no appreciable effect. In both cases sulfonal acted promptly. In the third case sulfonal was found to act much more promptly than bromidia, paraldehyde or morphia, all of which had been previously given."

**Ex-Confederates and the Pension Office.**—It is stated that the United States Commissioner of Pensions has ruled that no ex-Confederate physician is eligible for appointment as a pension-surgeon. Texas is aroused over this and the Austin District Medical Society has passed the following resolutions with an eloquent preamble:

“RESOLVED, That it is the sense of the medical profession in this section of the loyal State of Texas, as represented by their delegates to the 25th quarterly meeting of the Austin District Medical Society, held in the Capital City of Austin, December 21, A. D., 1893, that the ruling of United States Commissioner of Pensions, Lochren, that ‘no one who was connected with the late Confederate army shall be eligible as Medical Examiner on any United States Pension Board,’ is a species of political proscription long out of date, and unworthy an enlightened free people, uncalled for, unwise as a policy, unjust to a large class of worthy people innocent of any political sin or offense whatever, a gratuitous insult to the medical profession—a reflection on the honesty, integrity, and capacity of every ex-Confederate surgeon now living; contrary to, and in conflict with, the spirit and pretensions of the Civil Service Reform, and calculated to reawaken bitter sectional feeling, and antagonize an element whose mission on earth is ‘peace and good will toward men,’ and who, even during the heat of the unfortunate strife, now happily long past, were noncombatants, intent only on deeds of mercy to friends and foes alike.

“RESOLVED, That The Austin District Medical Society hereby protest against a discrimination so causeless, unwise and unjust; and that we call on our distinguished President to either redress the wrong or let the world know why we are thus disqualified.”—*Medical Record.*

**An Epidemic of Priapism** is a recent medical curiosity related by a French army surgeon. The troops while marching through Northern Africa halted at a station where nearly all the men were seized with prolonged and painful erections, followed by lassitude, dryness of the throat and finally in

some cases by hæmaturia. Investigation showed that the men had eaten freely of frogs killed on the banks of a neighboring stream. Over the stream hung willow and popular trees upon whose branches were numerous insects of the family of cantharides. These insects fell into the stream, were eaten by the frogs, and the frogs in turn were eaten by the soldiers. The taste of the flesh of the frogs was said to have been in no way affected by their aphrodisiac diet.—*Northwestern Lancet.*

**Feeding During Labor.**—Dr. Gundrum, of California, publishes in *The Therapeutic Gazette* a paper on the subject of "Preparing delicate pregnant women for labor by proper exercise and food, and feeding at frequent intervals during labor." He refers to a case where a poor, delicate woman went through twenty-eight hours of the severest physical exertion and suffering in her labor, during which time she took only two cups of tea and two crackers. At the same time the physician in attendance took his regular meals, and a supper during the night, besides considerable sleep, and, of course, "he stood the labor well."

In a second pregnancy, which commenced fourteen months after this labor, the patient was compelled to take regular exercise out of doors, and do part of the housework; at the same time to take plenty of nutritious food. During labor, particularly during the latter half of the first stage, she received small amounts of egg-nog, or beef-tea, or strong coffee with cream, every eight to fifteen minutes. At the end of labor the patient was almost as fresh as at its commencement, and she made a rapid recovery; although after her first labor she was much exhausted, and had a very slow recovery.

He reports other cases of a similar character, and advises all practitioners to prepare their obstetric patients by a course of exercise and proper feeding. He says that patients during labor should, as a rule, be fed frequently and regularly with beef tea and egg-nog, or something of that sort. He says he is well aware of the fact that some authorities claim that beef extract or beef tea contains but little nourishment, but he

claims to know by personal experience that a well-prepared extract will produce muscular energy, and will help a patient in labor by keeping up her strength, and increasing the power of the muscular forces, particularly those of the abdominal wall.—*The Canadian Practitioner.*

**What Becomes of Physicians' Case-books?**—The question has been recently asked, in terms of anxiety not unmixed with suspicion, What becomes of the case-books of a consultant after his death? It is impossible for us, of course, to say what means have been taken to secure secrecy in all such cases, but we may safely infer the general practice from particular cases. The care which is taken by all physicians in large practice to protect their notes from curious persons is seen in such precautions as the private drawer and the padlocked cover. The disposal of such records after the death of the consultant is, no doubt, carefully regarded in all cases. Sometimes the records are made over to a son, or other successor in practice, either to be used for the benefit of the patients, who may return for subsequent consultations, or for the purpose of scientific investigation, as in the instance of the notes of the late Dr. Williams. In two other cases well-known to us the note-books were consigned to a medical friend for scientific uses, and in a third the volumes were consigned to the furnace of the plant houses by a member of the family.—*Medical Record.*

**The Therapeutics of Glycozone, Composition and Characteristics.**—Glycozone is defined by its discoverer, Mr. Ch. Marchand, to be a stable compound, resulting from the chemical reaction that takes place when c. p. glycerine is submitted, under certain conditions, to the action of fifteen times its own volume of ozone, under normal atmospheric pressure at a temperature of 0°C.

The necessity of using c. p. glycerine is imperative, as a presence of the water or other foreign matter in the glycerine causes the production in the resulting compound of formic acid, glyceric acid, and other secondary products, that have a harmful effect upon animal tissues.

Glycozone has a pleasant, sweetish taste. Being hydroscopic it must be kept in tightly corked bottles, and, as long as it is kept in this condition, it does not deteriorate at a temperature of even 100 degrees F.

*Antagonists and Incompatibles.*—Glycozone, like peroxide of hydrogen is a powerful oxidizing agent, although its action is not as rapid or as energetic in this respect as the latter compound. Consequently, we cannot safely prescribe it combined with any other drugs or chemical substances. Contact with metallic utensils decompose it. We must therefore use glass or hard rubber vessels and syringes when administering it.

*Physiological Action.*—When taken into the mouth and stomach glycozone causes a feeling of warmth. It excites a flow of saliva and stimulates the gastric secretions. Being hydroscopic it attracts to itself water from the surrounding tissues, but not with sufficient power to effect harm. This property is due solely to the glycerine base which enters into the composition. In very large doses, one or two ounces, it causes a feeling of distress in the epigastrium and is followed by loose, copious, watery stools, which are accompanied by severe cramps.

No effect is noted on the kidneys, the liver or the heart. Glycozone is undoubtedly slowly decomposed in the stomach, ozone being liberated and the glycerine uniting with the water from the tissues. The morbid elements with which it comes in contact probably hasten this decomposition, and in so doing are themselves oxidized and destroyed. The free ozone in the stomach resulting from the decomposition of glycozone aids the digestive process by its presence.

*Therapy.*—Glycozone is, in the opinion of the writer, the best known agent for the treatment of gastric ulcer. It is also one of the best remedies for the treatment of the stomach, catarrh of chronic alcoholism, and for chronic gastric catarrh from other causes. It is excellent for atonic dyspepsia, and for acid dyspepsia. The writer has seen very gratifying results from its use in these distressing maladies.—*By Cyrus Edson, M. D., in Times and Register.*

**Expression of the Placenta.**—In the Medical Report for 1893, of the Society of the Lying-in Hospital, of the City of New York, (Midwifery Dispensary) Dr. J. W. Markoe describes a modification of the Crede method of dealing with the placenta. He says: “It is obvious, from the literature upon this subject, that the relation of the axis of the vagina to that of the uterus has been ignored. A few suggest obliterating the flexions in the uterine canal, but none seem to have recognized that the axis of the parturient uterus is nearly at right angles to that of the vagina—a point which, to the writer, seems the cause of all the difficulties which they have encountered. It is not my intention to compare the merits of the different methods, but to suggest a modification applicable to all the methods of expression, which has proved most satisfactory to me in practice and is mechanically correct.

“ In some cases, especially in primiparæ, the uterus contracts firmly around the contained placenta and membranes, remaining in this condition until the expulsion of the secundines, while in other cases the uterus rhythmically contracts and relaxes each time, becoming more and more firm; while still in other cases the uterine muscles seem to have expended all their energy in the expulsion of the child, and we have a flaccid organ which will be accompanied by hæmorrhage, if the thrombi in the uterine sinuses have not already formed. In practicing Crede’s method of removing the placenta, no fixed time need be set, except that as soon as the relaxation of the uterine fibres has so far disappeared that the uterus remains under the hand as a firm body, the expression may take place at any moment. To accomplish this successfully and with the least discomfort to the patient, three things are necessary: first, the patient must relax the abdominal walls as much as possible; second, the uterus must be firmly contracted; third, the axis of the uterine canal must be made to conform to the axis of the vagina. If these three essentials be present and the placenta is not absolutely adherent to the uterine wall, the expulsion can be accomplished with two fingers and but little effort.

"As in all obstetric operations, before proceeding, the bladder should be emptied, especially in this manipulation, as a distended bladder forces the uterus upward and prevents the easy handling of the uterus. Then, standing at the side of the patient, her knees being drawn up, with one hand grasp the fundus through the abdominal wall and ascertain the precise direction of the uterine canal. This being known, all that is necessary to bring the axis of the uterus in line with that of the vagina is to gently press the fundus backward toward the promontory of the sacrum, thus throwing the cervical portion of the uterus forward and bringing the uterine axis in line with that of the vagina. The obliteration of this angle reduces the resistance to the minimum, thus diminishing the force requisite to accomplish the expression. The next step is to direct the pressure upon the fundus in the direction of the vagina, care being taken that it be kept well back, in order that the angle may not recur. If this is properly carried out, the placenta is received in the other hand at the vulva."—*N. Y. Medical Journal*.

**A Doctor's Troubles.**—"My dear fellow," said my doctor to me, "you have no idea what we have to put up with. If I call to see a patient frequently, I am 'trying to run up a bill; ' if I don't 'it is shameful neglect.' If I manage to get to church, and am called out, I hear afterward, 'Working the Bob Sawyer dodge on Sundays, eh, doctor !' If I am so busy that I cannot go, I am sure to be asked, 'How is it that you doctors are all atheists ?' If my wife calls on people, 'it is because she is trying to get patients for me,' but if she doesn't, 'it is because she is too stuck up.' If I cure a patient quickly —get credit, you say ? Oh, dear, no ! the patient 'wasn't half as bad as the doctor tried to make out; why, he was quite well in a week; 'but on the other hand, should the case develop serious complications, 'Ah ! the doctor never understood the malady; in fact, he was worse when he had been taking the medicine a week than when we called him in.' If I suggest a consultation, it is only because I don't know what is the matter; if I pooh-pooh the idea as unnecessary, I am 'afraid

of showing my ignorance.' I am expected to, so to speak, cast a horoscope on a baby's life, and tell its mother what its ailments will be. If I can't do that, I 'cannot possibly know very much.' I am expected to foresee all the 'ills that the flesh is heir to, six months before they come. I once lost a patient whom I had treated for influenza, because I did not foretell an attack of rheumatism which came on three months later. In all cases, if they get worse, the fault lies in the medicine; if they get well, it is 'goodness of Providence.' If I send in my bill, they say, 'he is in a terrible hurry for his money; if I don't, it is 'so unbusinesslike.' But we get well paid? do you say. My dear sir, If I received payment for one-half I do, I should die from shock."—*Med. Record.*

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## Announcement of New Books.

**A New Illustrated Dictionary of Medicine, Biology and Collateral Sciences.**—Dr. George M. Gould, already well-known as the editor of two small Medical Dictionaries, has now about ready an unabridged, exhaustive work of the same class, upon which he and a corps of able assistants have been uninterruptedly engaged for several years.

The feature that will attract immediate attention is the large number of fine illustrations that have been included, many of which—as, for instance, the series of over fifty of the bacteria—have been drawn and engraved especially for the work. Every scientific-minded physician will also be glad to have defined several thousand commonly used terms in biology, chemistry, etc.

The chief point, however, upon which the editor relies for the success of his book is the unique epitomization of old and new knowledge. It contains a far larger number of words than any other one-volume medical lexicon. It is a new book, not a revision of the older volume. The pronunciation, etymology, definition, illustration and logical groupings of each word are given. There has never been such a gathering of

new words from the living literature of the day. It is especially rich in tabular matter, a method of presenting that focuses, as it were, a whole subject so as to be understood at a glance.

The latest method of spelling certain terms, as adopted by various scientific bodies and authorities, have all been included, as well as those words classed as obsolete by some editors, but still used largely in the literature of to-day, and the omission of which in any work aiming to be complete would make it unreliable as an exhaustive work of reference.

The publishers, P. Blakiston, Son & Co., Philadelphia, announce that, notwithstanding the large outlay necessary to its production on such an elaborate plan, the price will be no higher than that of the usual medical text-book.

**Medical and Dental Register-Directory and Intelligencer.**—George Keil, 1715 Willington street, Philadelphia, announces the early publication (third edition), of the *Medical and Dental Register-Directory and Intelligencer*, for the States of Pennsylvania, New York, New Jersey, Maryland and Delaware. It will present not only a complete list of all medical and dental practitioners in the States named, with place and date of graduation, but also lists of professional educational institutions, hospitals, societies, etc., etc., and will be of much practical value to all members of these professions.

**Hospitals, Dispensaries and Nursing**—Including papers on hospital care of the sick.—Training schools for nurses.—Dispensaries.—First aid to the injured. (Transactions of Section III, International Congress of Charities, Correction and Philanthropy, held in Chicago, June 12th to 18th, 1893.) In one volume of upwards of 500 pages with about 60 illustrations. J. S. Billings, M. D., Surgeon, U. S. A., and Henry M. Hurd, M. D., Superintendent of The Johns Hopkins Hospital. Price, bound in cloth, delivered, \$5.00 per copy. Orders and subscriptions should be addressed at once to The Johns Hopkins Press, Baltimore, Md.

**The Foot of the Horse.**—William R. Jenkins, of New York is about to publish a work entitled: "The Foot of the Horse," by David Roberge. It is safe to predict that "The Foot of the Horse" will arouse great interest, as it is written by one closely associated with Mr. Robert Bonner for 25 years in his study and practice of the art of horse-shoeing. The work will be found entirely new and on a different plan from any of the kind which has yet been presented inasmuch that lameness and all other diseases of the foot are traced to an unbalanced footbone, and Mr. Roberge declares that all lameness and diseases may be prevented or cured by simply balancing the foot. The work will be fully illustrated, showing improved methods of shoeing horses, and it is claimed that they are so simple that anyone endowed with ordinary intellect may readily perceive how accurately he might arrive at the precise source of trouble and make a correct diagnosis, thereby enabling him to prescribe a specific for each cure that presents itself.

This work has been the life study of Mr. Roberge. To it he has devoted everything for 45 years.

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## Reviews and Book Notices.

**The Year-Book of Treatment.**—For 1894. A critical review for practitioners of medicine and surgery. Lea Brothers & Co. 1894.

This volume is the tenth of this well known series. Two new topics have been added in this number. "Medical Diseases of Children" and "Bacteriology."

The work contains the summary of the most important therapeutic progress in all departments of medicine that have been made during the past year.

The most valuable contributions only are discussed, so that in a very small compass one can readily follow the improve-

ments or changes made in the treatment of nearly every disease, and follow the various fashions in the administration of drugs which are current at the present time.

Nowhere else, in such compact compass and at such a moderate price can one find just the information he needs, to keep him abreast of the most advanced therapeutic progress of to-day.

**A Practical Treatise on the Diseases of the Hair and Scalp.**—By George Thomas Jackson, M. D. Professor of Dermatology, Women's Medical College, N. Y. Infirmary; chief of clinic and instructor in dermatology, College of Physicians and Surgeons; consulting dermatologist, Presbyterian hospital; visiting dermatologist, Randall's Island Hospital; member of the American Dermatological Association, etc. New revised, enlarged edition, E. B. Treat, 5 Cooper Union, New York, N. Y. 1894. Price, \$2.75.

This is quite a large volume to be devoted to such a restricted subject as diseases of the hair and scalp, but research and investigation have been very active during the past quarter of a century, and facts and knowledge have accumulated so rapidly, that a full exposition of them has required a volume of this size.

But while everything is described in full, the subject matter has been carefully selected, is not prolix.

Special attention has been paid to diagnosis and treatment. Many valuable differential diagnoses are given, and many of the favorite formulæ of the best known dermatologists are introduced.

This, the second edition, has been completely revised, and many new articles added, as:—Folliculitis, declevans, leptothrix, and aplasia pilorum propria.

There is a full and valuable bibliography at the end of the volume, which has been brought down to date.

The work is a complete and satisfactory reference book on everything pertaining to the hair and scalp.

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## Association of the Alumni of the Albany Medical College.

### TWENTY-FIRST ANNUAL MEETING.

The twenty-first annual meeting of the Association of the Alumni of the Albany Medical College, was held in Alumni Hall, on Wednesday, April 18, 1894. The usual informal reception was held in the library, where coffee and sandwiches were served, photographs exhibited and greetings exchanged, between the hours of 9 and 11 A. M. The meeting was called to order by the president, Dr. William H. Woodruff, ('54) of Pine Bush, N. Y., at eleven o'clock.

The following members of the association, together with invited guests and others interested, were present: W. T. Bassett, P. A. Brumagim, ('44); S. H. Freeman, ('46); F. G. Mosher, ('48); W. H. Bailey, M. H. Burton, ('53); W. H. Woodruff, ('54); C. Hutchinson, ('58); H. Bendell, A. Vander Veer, ('62); J. E. Burdick, ('63); J. O'Flaherty, ('64); L. Hale, R. E. Hyde, ('68); W. H. Murray, ('69); W. Hailes, W. G. Tucker, ('70); J. B. Stonehouse, J. K. Thorne, G. L. Ullman, ('71); D. H. Cook, ('73); T. Wilson, H. W. Giles, H. E. Mereness, ('74); J. H. Cotter, H. Lilienthal, A. H. Mambert, G. P. K. Pomeroy, W. O. Stillman, ('78); E. A. Bartlett, O. F. Kinloch, W. J. Nellis, ('79); C. B. Herrick, ('80); C. H. Crawford, N. Everest, T. W. Nellis, F. G. Seaman, ('81); F. A. Palmer, H. R. Powell, T. F. C. Van Allen, J. B. Washburne, ('82); W. E. Dietz, M. J. Dwyer, J. W. Poucher, J. F. Reilly, W. L. Schutter, ('83); F. R. Greene, G. W. Holding, L. B. Rulison, ('84); S. C. Curran, ('85); R. A. Woodruff, ('86); H. T. Brooks, A. W. Johnson, W. G. McDonald, C. H. Moore, ('87); R. F. MacFarlane, ('88); A. H. Bayard, M.

R. Smith, W. Van Doren, ('89); F. W. Loughran, ('90); S. Le Fevre, G. A. Williams, ('91); J. C. Brown, H. B. Burton, R. A. Heenan, L. H. Neuman, ('92); J. S. Guinan, ('93); C. F. Archambeault, C. Bernstein, G. Brookins, A. J. Capron, W. W. Clark, R. N. Clemons, J. H. Cotter, 2d, O. H. Deck, W. H. George, W. C. Gilday, W. W. Goddard, G. W. E. Goodell, E. H. Goodfellow, W. S. Hale, O. E. Jones, C. T. La Moure, S. M. Long, J. R. Mahan, J. R. McElroy, J. F. McGarrahan, G. B. McGraw, W. J. McKown, J. M. Moore, B. E. Mulligan, E. Oliver, G. J. Ott, A. J. Rogan, T. C. Sawyer, R. Sheldon, F. B. Stellwagen, F. P. Van Denbergh, M. T. Ward, E. W. Wilcox, ('94); J. P. Boyd, H. Hun, C. S. Merrill, M. Perkins, F. Townsend, (hon.)

The president introduced Professor Maurice Perkins, M. D., who delivered the following address of welcome to the alumni on behalf of the faculty of the college:

#### ADDRESS OF WELCOME.

*Mr. President and Gentlemen of the Alumni Association:*

It gives me much pleasure to welcome you home to the place of your professional birth.

It is pleasant to see that each year you can find time and affection enough to give one day out of your busy lives to your Alma Mater. With us here time makes but little change, for our college is like the middle aged man,—the great struggle is over,—so we are much as you left us, only wiser. But as you look at one another you see great changes. You passed from the quiet of the college to the rough struggle of life; you have fought a mighty battle for success; you return here covered with the scars of experience. Perhaps if you had known, then, what would befall you, your courage would have failed. Though you have met with success, still how unexpected each one has been. It is always the unexpected that happens.

I have often thought how interesting it would be, if, on this day, we held what our Methodist brethren call an experience meeting, and each one would get up and tell what happened to him during his first year after leaving here. I wonder if any one of you had, at the outset of your career, such an experience as was told me by an old graduate. He had received his diploma; carried off the flowers which his landlady's daughter had thrown him on the stage; eaten his alumni dinner, and afterwards serenaded Dr. Ward; then taking the morning train for home, had been the participant in a railway accident. Very fortunately but one person was injured; a man had his arm broken. When the call was made for a surgeon the owner of the brand new diploma boldly stepped forward and improvising splints he tinkered up the man as well as he could. The wounded man was left at the station while our young doctor travelled on towards his home some fifty miles distant. As the train rolled on its way and his excitement cooled, he commenced to think his work over, and doubts

began to arise as to whether he had done the right thing. At last he became so worried that he really did not exactly know what he had done in the excitement of the accident. There arose in his imagination visions of a suit for malpractice, with his old preceptor the principal witness against him; a blood thirsty jury; an outraged public; a ruined life; and an early grave. The picture was too much for him. He could not face the possibilities. He left the train at the station just before his home; took from thence a train for New York, where for two years he served as interne in a Hospital. Fortunately, as he thought, no one at the place of accident recognized him or knew his name. Then he ventured to return home hoping for the best. On the cars near his home who should he meet but the very man whose arm he had set two years before. This man recognized him and profusely thanked him, saying that his arm was as good as it ever was. From this story, a true one, you can see what excellent teaching Dr. Vander Veer gave him, but he left out "sand," that he now supplies.

During the last year there have been no changes in the faculty. We have earnestly striven to better the course of instruction so as to keep the college abreast the progress of the time. Our examinations for degrees are such that you need have no fear that you may meet men graduating from this school of whom you will be ashamed. We have on our rolls nearly the same number of students as the year before; the hard times not having deterred many young men from the desire of entering our profession.

A few months since one of the Alumni, Dr. Nathan G. Daggett of Schenectady, left in his will a legacy for the college, of \$5000. This, gentlemen, is an example well worth following.

I am afraid that I have taken up more than my apportioned time, for I see that the card of invitation reads:—"Address by Dr. M. Perkins. 2 Minutes."

In conclusion, gentlemen, allow me to extend to you the hearty welcome of the Faculty of the A. M. C.

On motion of Dr. H. E. Mereness, the reading of the minutes of the last annual meeting was dispensed with, and the minutes as printed adopted.

The report of the executive committee and recording secretary was then presented. It stated that two meeting had been held during the year. At the meeting held May 18, 1893, the printing of the Alumni proceedings in the Albany Medical Annals for June and their reprinting in pamphlet form was authorized, and 1,250 copies were subsequently printed and distributed to the members of the association. The recording secretary presented a statement of the Alumni dinner account, from which it appeared that the receipts from tickets sold had been \$129.00, and disbursements as follows: For the Alumni dinner and cigars, \$201.50 (exclusive of printing, etc.); leaving a deficiency of \$72.50, which had been paid by the faculty of the college, as was also the postage upon the Alumni proceedings, amounting to \$24. At the meeting held

February 26, 1894, the distribution of the proceedings was reported. A copy had been sent to each of the Alumni, together with a college catalogue and treasurer's blank. The order of exercises for the annual meeting was discussed and the following committees were appointed; Arrangements for meeting, Drs. Tucker, Culver and Bartlett; lunch and dinner, Drs. Tucker, Nellis and Bendell; speakers and toasts, Drs. Vander Veer Mereness and Bendell; reception, Drs. Cook, Babcock, Dwyer, Stonehouse, Allen, Duryee, Russell, Macfarlane and La Hann. On motion, the faculty of the college were invited to participate in the exercises of Alumni day and to appoint some representative to deliver an address of welcome to the Alumni at the opening of the annual meeting. The historian reported that the following class historians had agreed to present reports for their classes at the annual meeting: Dr. W. H. Woodruff, for '54; Dr. N. Roe Bradner, for '64; Dr. H. E. Mereness, for '74; and Dr. W. D. Stevenson, for '84. The corresponding secretary was authorized to have the usual notices announcing the annual meeting, invitations, etc., printed and to issue the same; also to procure suitable badges. On motion, the matter of providing a cabinet for the preservation of the historical records, photographs, etc., of the various classes, which had been referred to the executive committee of the last annual meeting, was referred to a committee consisting of Drs. Mereness, Bartlett and Tucker, with power. The recording secretary reported that the number of names with addresses upon the Alumni list was 1,240 and the total number of graduates to, and including the class of '93, was 2,011. Deaths reported during the past year, ten. On motion of Dr. Perkins, the report was received, adopted and ordered placed on file.

In the absence of Dr. Russell, treasurer, the recording secretary read a telegram from him, stating:—"Cash from last year, dues and interest, \$240.02; expenditures, \$99.97; on hand, \$140.05." On motion, the report was ordered entered upon the minutes.

Dr. Bendell moved that the president appoint a committee of five to nominate officers for the ensuing year. Carried. The president appointed as such committee, Drs. H. Bendell, ('62), W. G. MacDonald, ('87), S. H. Freeman ('46), T. Wilson, ('74), and H. R. Powell, ('82). The committee retired.

The president's address being the next order of business, ex-president Vander Veer was called to the chair, and president Woodruff delivered the following address:

#### PRESIDENT WOODRUFF'S ADDRESS.

*Fellow Alumni:*

In the wide range of human thought, no subject presents itself for consideration of greater interest than human nature.

To the philosophic mind, the "proper study of mankind—man" is one of superlative profit, and to him, who would aspire to fairly fulfill his own mission—to utilize his own capacities—the examination of comparative character—his own and the powers of others—becomes not only a matter of diversion and advantage, but absolutely imperative.

The competitions, the ambitions, of this advanced period of civilization and progress, obliges him, who would vie in the strife, with his compeers in ethics, sociology or science—in whatever may be his chosen or professed avocation, with all due diligence to introspect and determine his own exact standpoint, his ability and outlook.

The artisan *must* be skilled, the banker or broker thoroughly bred to his business. The navigator who would trace the trackless deep and keep that confidence placed in him, must needs know well his reckonings, else all is stranded.

From the so-called "learned professions", to whose votaries more is supposed to be given, more is accordingly expected and required. Whether in his walk and conversation among his fellows, or in the maintenance of his well-grounded principles of right or religion, at the bar of justice, or from the sacred desk, it behooves the lawyer or the minister to be ever prepared and circumspect.

The medical profession, in its essential mission and relations, embodying as it does the highest applications of science, and in its fullest of humanitarian ways; closest in touch with the necessities and sympathies of the people, is held to day, beyond question by the intelligent and appreciative world, at least as high in rank as it is a liberal one. The teachings and inspirations of this higher, our almost divine art, give alike to its student and practitioner the deepest and broadest conception of their calling, its aims and responsibilities, its demands and rewards.

And while, as in all departments of literature, men may reasonably differ as to their approval or adoption of various codes or theories, they will still strike hands within the widening pale of enlightened inquiry and conservative freedom. Sophistry and skepticism, bigotry and criminality—as natural, noxious growths—will ever abound, but the search-light of justified truth will illumine and protect the oracles of popular intelligence and confidence.

The free course and expansion of thought and spirit in the open realism of mental and physical culture—stern, zealous medical research and reform, instituted and prosecuted, as are analytic chemical investigations, not only determine their affinity or relations, but renews, refines and preserves the best powers, the highest pleasures, the aspirations and usefulness of the medical man.

The time has come when that little learning—the outfit of course of early days, the bane of modern, and always a dangerous thing—like the thick darkness that precedes the dawn, is merged and lost in the brightness of revealed, irrefutable science. The narrow-gauged, close confines of the pretender and the pessimist can illy withstand the allied forces, the higher elements, the greater equivalents of masterly manhood and skill. The reevaluations of the laboratory, the dissecting table, the microscope, the electric incandescent lamp, invading and lighting up the very inner normal or morbid recesses of the human body; physiology, pathology, bacteriology, clinical sanitary progressive reform—all have scaled higher the plane and sphere of the physician. He is wiser and therefore better. He owes more to himself, his profession and to the public. In this connection and at this time it seems fitting to consider in brief the suggestion or inquiry as to some of the qualifications or requisites that enter into the make-up of the model, successful medical man of the period. Important as is the claim of direct heredity, we would not stop to trace, in an anthropologic way, the curious stages of evolution or high-grade development from the chimpanzee way up to our modern medical college graduate. We would not, in taking our snap-shot sketch in this busy practical close of this nineteenth century, present our ideal, as did, in Parian marble, the master sculptor of Greece, old Esculapius, who, as the perfect, most worshipful high priest of gods and men, held all the doctrines and mysteries of the healing art to be transmitted with his inherited Herculean vim as legacies to Hippocrates, Harvey, Hahnemann and all the rest of us, as his offspring.

Though pertinent enough, in our estimate, we could not now refer to any of those varied, speculative theories, national, empiric or expectant, which in the earliest history of medicine, and through all succeeding ages to the present, have formulated the bases or systems of practice. For an educated judgment is ever its own competent umpire and dictator.

My conception of the typical doctor of the day is, that man, born of parentage "good and true", inheriting, if nothing else, the sterling principles of honor, integrity, energy and charity, who by dint of diligent economic application, wisely using all the means and opportunities afforded him, limited or liberal, sets his mark high and fails not in its attainment. I mean that young man who studies medicine, and the older one who practices it, for the love of it and in the fullest sense for the good that's in it. I would have him the reflection, the realization of qualities, most eminently and happily blending with an inbred physique, naturally, mentally strong—cultivated and fortified by thorough academic collegiate instruction, that, with clever aptness and intuitive, discriminating judgment, when applied at the bed-side, would dictate and determine as by magic skill, the first and all-important point, upon which hang all his plans of treatment, all the hopes of his patient—intelligent, right, differential diagnosis. As a military general in command on a battle-field I would picture him, in tactics and strategy as fully equal to the situation, all the emergencies and possibilities of the engagement,—as an accomplished detective of all the presenting or concealed evidences of disease, their arrest, removal or relief.

Education in its fullest acceptation, preparatory and professional, becomes, therefore, the essential proviso or condition, and the medical student must

volunteer in a training service, from primary to proficient, that is not defined by days or years and that, fortunate for him, is now wisely made compulsory and longer in course. Although this "sound mind in a sound body" is a most valuable desideratum, he is not expected or compelled to be an athlete, or an expert in hazing, boat-racing, base or foot ball, which, as foolish fashion, of later days—malign growths upon the college body politic, are misleading and prejudicial to the better development of the intellectual faculties. His brain and muscle in student life must be conserved in laying the foundations, and in after actual practice, rearing the superstructure of a competent physician—a cultured gentleman. The ambitious and would-be successful aspirant for professional position or preferment *wills* and *does* all and *more* than the law enforces. The bare required course curriculum will not suffice, for its end is but his real beginning. His anatomy and surgery must be supplemented with extended, exhaustive section upon every available opportunity. His chemistry and therapy must be prosecuted in labored research, not only as to the character and combination of organic agencies, but their ultimate relations and action. With tests and lens he must inspect and detect the healthy or diseased tissue, the presence and if needs be the weight and measure of the alkaloid or organic toxine or ptomaine found, that aid in solving the serious questions of health or disease, life or death, or crime. His whole life must be a rigid, continued course of practical, clinical, demonstrative work. The very meaning of the name by which he is addressed, the simple significance of the title degree given him by the authority of his college and commonwealth implies that he is taught and can teach or treat others, many of whom, as to his own fitness or ability, may be fairly competent judges.

The keen tribunal of popular sentiment has now little use for the fictitious or pretentious in anything, and especially from the licensed practitioner of medicine. The vaporings of quackery, or the halo of mystery is too thin for the broad daylight of enlightened reason. It is the conceded authority of political economists that the expressed or appreciative value of any commodity is determined by and in accord with the labor of its production. "Nullum bonum sine labore." The life work and reality of the literary or professional man, from being no exception to this rule, is now more dependent upon its application than in any or all other ordinary pursuits. Diligence in business and the study of its best methods, eternal vigilance, resolution, not errant or fitful, with effort well directed and persistent, make heroes and giants of men, else there would not live in cherished memory to-day a Valentine Mott, an Austin Flint, or an *Alden March*. Theirs was a faith in themselves, their convictions, their creed and in Divine Providence, as abiding and resolute as that of Abraham of old, Christopher Columbus, or Sir Astley Cooper, who in prophetic vision foresaw and *framed* the end from the beginning. Inflexible, determinate will, with high-minded purpose holds the fort, wins the day. The Honorable Clifford A. Hand, a college mate at "Old Union", with the strength and sense of a Spartan boy, inscribed with his name his aim and expectations, "The Bench of the Judiciary." He is a distinguished supreme judge in the courts of his native state; and Alfred L. Loomis, with a skull and cross bones on his room door in those "gray old walls" wrote modestly (and made no mistake) along with his name in the class autograph book "Medicine." His

reputation to-day throughout his own and other countries, is that he makes comparatively few mistakes, especially in thoracic diagnosis and diseases.

Nothing secures higher admiration or more lasting confidence with patient and patron than the utter avoidance of misrepresentation, deception or flattery, and with the people that inviolate honor and integrity in ordinary intercourse, and as an accredited expert, or appellate authority, when in the courts of justice the doetor swears to "the truth, the whole truth, and nothing but the truth." In credit to himself, as an instructor and protector of the people, in the rights of persons and property, in the phenomena of mental soundness or obliquity, moral perversion or obligation, his evidence on the witness stand should be comprehensively and conscientiously clear, concise, connective and determinative; always capable of confirmation by the substantial authority of medical science and medical jurisprudence. He should be above being made the bribed tool or mercenary machine of connivance and corruption. Neither inflated by adulation, too often empty, or dismayed by the stealthy voicings of jealous envy or vituperation, he well knows that, "Be thou as chaste as ice, as pure as snow, thou shalt not escape calumny," but, that "Truth, crushed to earth, will rise again." Be just, and fear not.

Aside from the antecedent favoring factor of right heredity, proper environment or associations, and thorough education, there are other composites called for in the completion of our "Ideal Doctor." He should be withal dignified and independent, yet social and courteous—in the drawing-room genial and cautious—at the bed-side candid, careful, courageous. Never forgetting that silent, constant, wonder-working "*Vis naturæ medicatrix*," he will be intelligently eclectic as to the selection and administration of his therapeutic material; the agent, its form of preparation and its potency; holding fast to that which is old and reliable, will fully acquaint himself with and wisely use all that is new, approved or commendable. And with a charity that is not puffed up but suffereth long, will spurn the exhibit of any belittling self-conceit, and ever respect the opinions, the feelings, the rights of others.

In plying his art, faithfully caring for others, the doctor must not forget himself. The overworked machine must rest or, sooner or later, wears out. The go-ahead-itiveness, fierce exactions of our age, our profession, and in our so highly oxygenated climate necessarily lengthen the list of bodily and mental disorders—nervous prostrations, paryses, and that latter-day, non-descript ailment, "heart-failure," which should never (as it too often does) appear as a determinative or contributing cause in any well-bred physician's certificate of death. That man who is a slave to himself and his business instead of its master is truly to be pitied. The jaded nerves and muscles need rest, but that doctor who mistakes judicious recuperative relaxation for his "ease with dignity," or wastes his priceless hours by day or night in listening to the siren song that lures to the wrecking of his own health, home and reputation, is justly to be condemned—is worse than a failure. His prospectus—his very point of view is the capitalization of forces and principles that harmonize in the production of a man of the highest type learnedly, socially and morally useful and ornamental. He can't afford to be careless and indolent. "To catch Dame Fortune's golden smile, assiduous wait upon her." Abram

S. Hewitt, a pronounced good authority in administrative and reform matters, said lately at a New York High School graduation at Carnegie Hall, that the opportunities now to secure position and wealth were three times as great as when he began his career forty years ago. The essence of moral success in ancient times was "Know thyself," now it is "Be thine own master." A prominent public lecturer says "Luck is pluck — tact, not toadyism, fogyism or fananticism", and that the old latin maxim, "Quisque suae fortunae faber", means nothing more than good sense, good nature and good schooling, with which equipment anybody can be the maker of his own fortune.

This outfit, with unswerving assiduity and comprehensive alertness, the literary or medical student, after reaching the mile-stone of his graduation day, we claim should be the competent, chivalric artisan of his own destiny, the master of all the possibilities and promises of the twentieth century.

The innate, animate idea of personal character, high-wrought regard for one's self and others; conscientious sense of duty and doing it as an Anthony J. Drexel, George W. Childs, or the late famed Surgeon Billroth, whose superabundance went out with their wealth of heart and work in a manly philanthropy, will not fail to mark the medical man in life as a success, and keep ever green his memory as a benefactor. The genius and practical wisdom of one of the world's greatest educators, Dr. Nott, who governed the thousands of his graduates he loved and taught so long and well, by guiding them, in the inspiration of an exalted manhood, to govern themselves, prompted in his own eloquent, pathetic way the utterance, in one of his Baccalaureate addresses, "To be great is to be good, and prudent, cautious, self-control is wisdom's root."

Our ideal, truly successful physician of the period in the fullest fitness of his calling, will, along with the trainings of his college course, exemplify his greatest master's teachings in "Good will on earth to men." For in ministering to the corporeal and corruptible, his field and function, is little if anything less than his, whose labor of love is with or for the spiritual and eternal. And when here or there in his rounds, in gilded mansion or lowly cot, "the storm is up and all is on the hazard"; when in the fading, lingering light of life, or the sudden shuffling off his mortal coil—when all the appliances and achievements of science have failed in their using — with comforting, hallowing sympathy he smooths the sufferer's pillow and makes him feel, next to his sainted mother—his *doctor* the best of earthly friends. And when the scroll of his own life's work is about to be rolled up, *his* will be the blest consciousness of the fulfilled mission of a *man*—that the world was *better* for his having lived in it.

In thanking you, gentlemen, for the complimentary privilege of trespassing upon your kind attention, I can only offer in extenuation the inspiration of the mystic tie that bind Alumnus and Alma Mater, and which, in the close relation of physician and patient and people — the lights and shadows, the busy, burdened years of post-graduate life, cannot break, but strengthens. And in the retrospect *now* from *here* of forty years, the past and present goodly record of this institution for corporate executive soundness and thorough practical teaching, I am glad to congratulate you all, and especially this class of "94", as *Alumni*; the favored scions of so noble and thorough-bred a registry as that of "Our Albany Medical College."

At the conclusion of his address, the president addressed the members of the class of '94, who were present in a body, and received them into membership in the association.

Dr. Featherstonhaugh moved a vote of thanks to the president for the very beautiful and highly appropriate address which he had delivered and which he was requested to furnish for publication. The motion having been seconded by Dr. Poucher, was put to a vote by ex-president Vander Veer and declared unanimously carried.

President Woodruff then resumed the chair.

The report of the historian was then read as follows:

#### REPORT OF HISTORIAN, DR. E. A. BARTLETT.

*Fellow Alumni:*

In a retrospect of this year we find much to encourage and much to congratulate ourselves upon.

From all sections of our land reports come that children of our Alma Mater are making good records.

The genial rays of a southern sun have helped develope the seed sown within these walls and the ripening fruit comes to us from Johns Hopkins. Away out on the western frontier, where contest with "nature unadorned" produces most sturdy manhood, among those ever active, never-tiring men and women in the great state of Washington, we find representatives of our Alumni Association taking front rank in the march of progress.. In the more conservative, but no less energetic middle and eastern states, graduates of the A. M. C. are holding high the standard of scientific, yet liberal medicine, and in hygiene, preventive medicine and surgery are pushing into the fore front.

All this means, what? that fundamental principles thoroughly inculcated have been grasped by minds trained by our system of teaching, to think; progress and development have followed as a natural result.

The good Book somewhere says, in substance, when one member of the body suffers, the whole body suffers likewise. The converse of this is true as regards our association; when one member by honest, well directed efforts acquires renown, the glory is reflected and we receive an honor.

The past year has seen one of the largest classes matriculate, and all are young men of promise. The large class which to-day bids adieu to college life, composed as it is, of men who have a high ideal, goes forth well equipped to the struggle to attain that ideal.

We have every reason, not only to feel proud and congratulate ourselves, but to experience a revival of loyalty to our dear old college. Efforts made to send good men to our halls, liberal subscription to the needs of the institution, and expressions of sympathy and encouragement for the men who, as trustees and teachers, so constantly labor for the welfare of students committed to their care, have done much in the past, but past successes urge to greater work all along the lines in the year to come.

Class of '94! by virtue of your perseverance in study and work you are this day entitled to enrollment with the honored names composing our membership. We give you cordial welcome and shall expect great things of you, shall expect our association to take on renewed vigor as a result of this successful transfusion. As you go out into your life work remember your Alma Mater, remember this association and remember that in the success of each one of you we shall rejoice, and your failure will be a cause of pain.

E. A. BARTLETT,

Historian Alumni Association, A. M. C.

On motion, the report was received and ordered entered on the minutes.

Dr. Woodruff presented the following report as class historian of '54:

REPORT OF THE CLASS '54, DR. WILLIAM H. WOODRUFF.

Notices were sent to all the members of the class whose addresses could be found and the following is a report from those who replied:

DR. H. CHAFFEE.—After graduation practiced a short time at his home in Troy, N. Y., then went to Europe and spent fourteen months in Paris, learning the language, attending clinics and dissecting. When he returned, located at Tolono, Ill., where he still resides. Is married and has a family.

DR. S. F. HANCE.—Has had an active professional life with but two settlements, doing a great deal of surgery and gynecology. Is a member of the American Medical Association, of the International Medical Congress, and of two state medical societies. Was major and surgeon in the army and was Medical Director of the Army of the Cumberland. Participated, among other engagements, in the battles of Shiloh and Stone's River. Is married and has one child, a daughter. Extends hearty greeting to the Association and especially to the members of '54.

DR. WM. H. WOODRUFF.—Comes of Colonial ancestry but was born in Walden, Orange Co., N. Y., May 28, 1831. Attended Montgomery Academy and Union College, graduating from the latter in July, 1851. Took a primary medical course at Castleton, Vt. and two continuous terms at Albany Medical College, graduating in 1854. Settled in Pine Bush, Orange Co., N. Y., where he has enjoyed an active practice up to the present time. Is a member of the Orange County Medical Society, Town Health Physician, and for a number of years was United States Examining Surgeon for Pensions. Was married in 1860 and has had five children; four are living, two of whom are sons and each is a graduate of the Albany Medical College. He closes his letter in these words: "Have a very distinct recollection of presenting, just before the close of the college term in 1854, a very learned disquisition on the 'Relation of Mind and Matter.' The experience and observation of the past forty years have fully demonstrated the fact that there is, and always will be, nothing the *matter* with the *mind* of any well-qualified, well-disposed student of medicine, who minds his own business, after graduating from the Albany Medical College."

No report was received from Dr. N. Roe Bradner, class historian of '64.

Dr. Mereness presented his report as class historian of '74.

Dr. Stevenson presented the following report as class historian for '84:

REPORT OF THE CLASS OF '84, DR. M. D. STEVENSON.

*Mr. President and Members of the Alumni Association:*

Ten years ago the 5th of last month forty-three members of the Class of '84 were graduated from this College, all of whom, with two exceptions, sooner or later after graduation, entered upon the practice of their profession. To-day but thirty-four are numbered among the living of this class. Of this number, thirty are residents of the State of New York, and one of each of the following states and territories: New Hampshire, Illinois, California and Indian Territory. The following are abstracts of letters received from members of the Class of '84, together with information regarding the deceased members, from other sources:

DR. ROBERT BABCOCK spent eighteen months in the Albany Hospital. January 1st, '86, he settled in Holyoke, Mass., practicing there six months, when he moved to Albany, where he is at the present time. He married February 18th, 1886.

DR. FRED S. BLOSS began the practice of medicine in Troy, where he is in active practice with his father at the present time. He is not married and has no children that he knows of.

DR. EDMOND F. BRONK located in Amsterdam where he is at present enjoying a very successful practice.

DR. CHARLES M. COE maintained his relationship with the Swinburne Dispensary until the summer of '84, when the political bee got to buzzing so hard in the doctor's hat that the office was no longer tenable. He then left for his home in Scriba where he began a general country practice. He succeeded well until three years ago, when he had an attack of La Grippe which undermined his health. This is improving now, and he has quite as much business as he can attend to. No phenomenal discovery in science has rewarded his efforts. He is married and has four children.

DR. CLINTON G. COOLEY went to Aurora, Ill., in August, '84, and entered into partnership with Dr. James Selkirk. Practice not coming to him very rapidly, he removed to his home in Pine Bush in October of the same year. He practiced here until May, '86, and then removed to Montgomery, where he has remained, and is doing a successful business. He is unmarried.

DR. JOSEPH D. CRAIG is practicing his profession in Albany with the customary success. He is a member of several societies, political, fraternal and medical. He is adjunct professor at the College, one of the visiting physicians to the Albany Hospital, and certain other Albany institutions. Although the doctor is gray-headed he is still unmarried, but fat and well taken care of. Being a very modest man he withdraws from publication various college degrees, honorary, etc.

DR. W. A. E. CUMMINGS never entered upon the practice of medicine. Since graduation he has been engaged as a commercial traveler. In June, '88, he married Miss Ada A. Smith of Ticonderoga, and has made his home at that place since. He has no children. He still has a leaning toward medical practice and hopes some day, when he gets years and money enough, to take it up and locate somewhere in the grandest state in the union, viz: "The Empire State."

DR. PIERSON C. CURTIS attended the New York Post-Graduate course and in June, '84, located at Round Lake. Two years later he was married. In the fall of '91 he again attended the New York Post-Graduate course. He has succeeded far beyond his expectations in building up an excellent practice.

DR. DAVID J. FITZGERALD is at Glens Falls, where he located after taking a Post-Graduate course in New York city.

DR. F. R. GREENE practiced eighteen months at Pittsburgh, his native home, and then took Horace Greeley's advice and came as far west as the city of our Alma Mater. Here in the western part of the town he pitched his tent and built his camp-fire, and has remained ever since. He was married some years ago and has one child, whom he hopes will be enrolled in two decades hence, as one of the alumni of the A. M. C. He has been blessed with good health most of the time for the past ten years, and while a glance in the mirror shows wrinkles and beginning baldness, yet he feels as youthful in spirit and as ambitious as when, with the rest of us, he stepped into the arena of professional life. He has received no great honors to boast of, no great discoveries of treatment of disease or inventions of surgical appliances to report; and to his fellow class-mates who have achieved great successes, or fame, he extends congratulations. By living on corn<sup>flour</sup> bread and beans has managed to pay his bills; and the only time he regrets being a physician is when the ringing of the telephone or door bell disturbs his rest at night.

DR. LOUIS A. HARRIS located in Valley Falls. After spending six months there doing nothing he returned home, remaining here owing to sickness in the family until the fall of '84, and then settled in Rosendale. Here a like fate met him; disheartened and discouraged he resolved to move once again, and this time he cast anchor at Eddyville. Here business came to him at once and very soon he had a large practice. At the end of two and a half years here, not being satisfied, he removed to Newburgh, where he is to-day. Here he opened a drug store in connection with his practice, and in this way became established. He is enjoying single blessedness, and good health.

DR. JOHN V. HENNESSY spent a term at St. Peter's Hospital as house physician, and then settled in Little Falls, remaining here but a short time when he removed to Albany, where he is to-day, doing a very large and successful practice. He is one of the visiting surgeons to St. Peter's Hospital, and a United States Examiner for pensions.

DR. CLINTON G. HICKEY located in Gaylordsville, Litchfield Co., Conn., March 4th, '84, and entered at once upon a fairly busy practice. He remained here until the fall of '87, and then settled in Burden, Columbia Co., N. Y., to accept the position of physician and surgeon to the Hudson River Ore and Iron Company. September 15th, '91, he entered the New York Polyclinic. December 24th, '91, he opened an office at Denver, Colorado, where he has

since remained engaged in general practice. July, '84, he married an old-time class-mate. He had three children, two girls and a boy; the first two died of malignant scarlet fever.

DR. G. W. HOLDING is located in West Troy doing a successful general practice.

DR. HAMILTON HOLLIDAY left the Swinburne dispensary May 1st, '84 and located in Gansevoort, where he remained about six months. He then removed to Glens Falls, and at the end of eighteen months here he settled in Luzerne where he is at the present time. He has been successful professionally and financially. Socially he has not been so successful, not having the time to spend from a busy practice to secure what he thinks the most desirable acquisition for a busy practitioner, viz: a good and sympathetic wife.

DR. WINFIELD G. HUBBARD never engaged in the practice of medicine. He was graduated from the Hamilton Theological Seminary, of New York, in '88, and then settled as pastor in Pennsylvania. In the autumn of that year he was attacked with cough and haemoptysis and went home to his father in New Hampshire. Since then he has preached in that state a large share of the time. He finally settled in Jefferson, New Hampshire. At present he is at Campton Village, N. H.

DR. HIRAM L. IVES opened an office in Troy, meeting with more than the ordinary success, both professionally and financially. At present he is located in Lansingburgh where he has been for the past two years, doing a general practice.

DR. W. C. KELLOGG opened an office in Syracuse immediately after graduation, meeting with good success. At the end of one year he located in Moravia. Shortly afterward he married Miss Alida Shipman of Syracuse. He prospered in Moravia and as time passed he drifted towards a specialty, paying much attention to gynecology and kindred diseases. After several years of country practice, he again returned to Syracuse and settled permanently for his life's work. He is now enjoying a paying and growing practice.

DR. JAMES W. KING entered the Albany Hospital in the fall of '84, and after completing his course, settled in East Liverpool, Ohio. In the spring of '89 he removed to Stottville Columbia Co., N. Y., where he has remained. In July he married. He has been successful financially and professionally.

DR. WILLIAM B. MELICK is located in Fort Edward, doing a successful practice.

DR. E. W. MOREHOUSE began the practice of medicine in Peru, Columbia Co., N. Y. In July, '90, he married and went abroad. After travelling on the Continent four months, attending the Medical Congress at Berlin, and visiting the hospitals of Vienna, Paris and Rome, he returned to London and took a six month's course in the hospitals. He returned home in '91 and entered upon his present practice in Troy.

DR. J. A. RICH located at Pittstown, remaining there nearly two years, when he removed to the town of Greenwich, where he has remained. He thinks he has done his share of hard work in the profession, and now, only in the thirty-fourth year of his age, begins to feel aged. He has been fairly successful professionally, and at present enjoys a good practice. He is a widower with one child.

DR. W. F. ROBINSON commenced practice in Albany. Having had a fondness for nervous diseases, he decided to make them a specialty. With this end in view he went abroad in the summer of '87. He first stopped at Heidelberg where he spent some time, working with the celebrated Professor Erb. He next went to Paris, Vienna, Berlin, and visited in turn all the medical centres of Europe, spending altogether three years and three months on the other side. On his return he re-opened his office in Albany, and has since devoted himself exclusively to nervous diseases and its kindred science, electricity. He has contributed a work to medical literature on "Electro-Therapeutics of Neurosthenia." He is now engaged in preparing a work on the use of electricity in nervous diseases.

DR. LUMAN B. RULISON began the practice of medicine in Glenville, where he remained three years and enjoyed a good practice, but the severe winters compelled him to leave for city practice. In April, '87, he removed to West Troy, where he is doing a good paying practice. He is attending physician to the "Home for Aged Men" on the Troy road, and to the "Fairview Home for Friendless Children." Shortly after graduation he married Miss Ida M. Ogsbury, of Albany. He has one daughter.

DR. JAMES SELKIRK left Albany after the close of college, and travelled quite extensively in the West, finally locating in Aurora, Ill., where he began to more than pay expenses. Two years later he was elected to the staff of Surgeons of the Aurora City Hospital, which place he still holds. He is also a member of three different medical societies. He is married and has three children. He does a good general practice and is very successful.

DR. PATRICK E. STAFFORD has a good practice in Saugerties, and hopes his classmates are doing as well as he, or better.

DR. M. D. STEVENSON entered the scientific course at Union College in the fall of '84, and was graduated in June, '88. He opened an office in Mariaville, July 5th, '88; practicing there until November 18th, 1890, when he removed to Albany, where he is engaged in the practice of medicine at the present time.

DR. G. E. SWIFT located in Hudson where he has remained. He was city physician two years. In 1891 he was appointed to the local board of health, and succeeded during his term of service in accomplishing many reforms. In the same year he was also appointed U. S. examining physician for pensions, and in 1893 he became president of the board. He was married in '90 and has one child, a girl. Enjoying the respect and confidence of the community, possessing numerous friends and happy in his domestic circle, he is satisfied.

DR. CHARLES F. TIMMERMAN retained his relationship with the Swinburne dispensary for a short time, and then opened an office in Fort Hunter. He remained here for about two years and a half. He then spent two months at the college of physicians and surgeons of New York city. After returning home he opened an office in Amsterdam, where he has since remained, enjoying a fair share of prosperity and contentment. He held the office of city physician for three years. For the last two years he represented the Montgomery Co. Medical Society at the New York State Society. He was married during the summer of '84, and has one boy.

DR. ROBERT F. WALKER is practicing his profession in San Francisco, California.

DR. BELA. F. WARD located in Troy the 7th of April, '84, where he is still engaged in the practice of his profession. He was married about seven years ago; no children.

DR. M. A. WHEELER is practicing medicine in Albia (Troy); doing a good business. He is married and has two children.

DR. E. N. WRIGHT enjoys a good practice in Lehigh, Choctaw Nation, Indian Territory.

DR. EDGAR ZEH located at his home in Gallupville in the summer of '84, practicing very little, and enjoying himself a great deal. The following winter he took a post graduate course in New York city. May '88 he opened an office in Waterford, where he is at present enjoying a fair practice. He is unmarried, and does not worry.

#### DEATHS.

DR. J. EDWIN BOWEN died in Albany, N. Y., March 6th, '85, of Bright's disease.

DR. FRANKLIN DEVOL located in Burtonsville, Montgomery Co., N. Y., and from there he went to Glenville. After a short stay here he settled in Guilderland Centre, where he contracted typhoid fever, and died April 27th, '91.

DR. JOSEPH A. FLYNN, served one year in St. Peter's hospital. He then settled in Pittsfield, Mass., where he built up a very large practice. He died at Pittsfield of pneumonia, Nov. 24th, '92.

DR. ARTHUR A. JONES, located in Duluth, Minn., May, '84, remaining there about two months, and then returned to Gloversville, N. Y., where he took charge of a drug store in connection with his practice, remaining here until September, '85, and then he settled in Fly Creek, Otsego Co., N. Y., where he practiced until May, '86, and returned to his home in Gloversville where he died June 1st, '86, from pulmonary tuberculosis. He was unmarried.

DR. ELMER E. LANSING married Hattie Arnold, of West Troy, immediately after graduation. In less than a month afterward they sailed for Egypt, where the doctor remained four years and a half as a medical missionary. He then returned to this country and settled in Haverstraw, remaining here two years. About three years ago he sailed for Cairo, Egypt. He died in Asseont, Egypt, June 2d, '93, of consumption. He leaves a wife and two little children in Egypt.

DR. WILLARD C. MARSELIUS located in Phillipsport, N. Y., later at Port Jackson until '86, and finally at Albany, N. Y. He was operated upon for perforative appendicitis Friday morning, Dec. 23d, '93. He rallied from the operation, but on the following morning began to fail and died at Albany, Saturday morning, Dec. 24th, '93.

DR. JAMES McCAGHIN opened an office in Albany, N. Y. When typhoid fever broke out here in the penitentiary he was one of the physicians called upon to attend the prisoners. While thus engaged he contracted the disease and died February 14th, '86.

DR. GEORGE H. McTAMMANY located in Cohoes, N. Y., remained there four years. He then removed to New York City where he married. After a few years there he was taken sick with consumption and died April 12th, '91.

DR. JACOB M. FALK went to Europe in the fall of '84 to study the eye and ear. He pursued his studies under the guidance of many of the most eminent

## **NOTE AS TO ELECTION OF PRESIDENT.**

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Dr. Hutchinson being unable to serve as president and having declined this office to which he was elected at the annual meeting, a special meeting of the executive committee has been called to fill the vacancy, as provided in Article VII of the constitution. The action taken by the committee will be given in the proceedings which will be issued to members of the association in June.



specialists in France, Germany and Russia until '87. After returning home he spent six months with Dr. Herman of New York City. He then opened an office in Buffalo. In '92 he was taken ill with "La Grippe" followed by an attack of nervous prostration which compelled him to leave his work and return to his home in New Haven, Conn. He was afterwards taken to the Poughkeepsie State Hospital where he died of an attack of acute paresis, November 24th, '93.

M. D. STEVENSON,  
HISTORIAN CLASS OF '84.

The historian read the following:

NECROLOGY.

- Dr. Norris M. Carter ('59), at Brooklyn, N. Y., August 11, 1893, aet. 55.
- Dr. Gustavus Treskatis ('65), at New York City, October 15, 1893.
- Dr. Herbert Judd ('67), at Galesburg, Ill., January 11, 1894, aet. 50.
- Dr. Alexander Nellis, Jr. ('72), at Willard, N. Y., December 27, 1893.
- Dr. Brayton A. Johnson ('73), at Ashland, N. Y., January 1, 1894.
- Dr. Jacob M. Falk ('84), at Poughkeepsie, N. Y., October 23, 1893.
- Dr. Elmer E. Lansing ('84), at Asseont, Egypt, June 2, 1893, aet. 32.
- Dr. Willard C. Marselius ('84), at Albany, N. Y., December 24, 1893, aet. 36.
- Dr. Abram B. Simmons ('91), at Cohoes, N. Y., September 12, 1893.
- Dr. Charles Devol (hon.), at Albahy, N. Y., March 5, 1894, aet. 84.

The historian also read a brief obituary of the late Oscar J. Mulford, a senior student in the college, who died December 3, 1893, which had been prepared by his preceptor, Dr. H. R. Powell.

The committee appointed to nominate officers presented the following report which was read by its secretary, Dr. Powell;

*For President,*

Dr. CHARLES HUTCHINSON ('58), Portland, Me.

*For Vice-Presidents,*

Dr. THOMAS WILSON ('74), Claverack, N. Y.

Dr. JOHN O'FLAHERTY ('64), Hartford, Ct.

Dr. FRANK G. MOSHER ('48), Coeymans, N. Y.

Dr. PETER A. BRUMAGIM ('44), Scotch Bush, N. Y.

Dr. JOHN H. COTTER ('78), Jackson Corners, N. Y.

*For Recording Secretary,*

Dr. WILLIS G. TUCKER ('70), Albany, N. Y.

*For Corresponding Secretary,*

Dr. CHARLES M. CULVER ('81), Albany, N. Y.

*For Treasurer,*

Dr. THEODORE F. C. VAN ALLEN ('83), Albany, N. Y.

*For Historian,*

Dr. EZRA A. BARTLETT ('79), Albany, N. Y.

*For Members of Executive Committee (term three years),*

Dr. DANIEL H. COOK ('73), Albany, N. Y.

Dr. WILLIAM J. NELLIS ('79), Albany, N. Y.

Dr. ANDREW MACFARLANE ('87), Albany, N. Y.

Dr. WILLIAM B. SABIN ('82), West Troy, N. Y.

On motion of Dr. Cook, the report was accepted and adopted, and the recording secretary was instructed to cast a ballot on behalf of the association for the gentlemen named therein. This having been done, those named in the report were declared by the president duly elected officers of the association for their respective terms.

The recording secretary acknowledged the receipt of photographs from the following alumni: Drs. P. A. Brumagim ('44), G. E. Palen ('55), R. B. Burton ('55), N. G. Daggett, deceased ('67), C. M. Woodard ('67), and J. W. Poucher ('83). He read various letters from members of the association and letters of regret at their inability to attend the alumni dinner from Governor Flower, Chancellor Upson, Judge Learned and others. After the announcement of the order of exercises for the afternoon and evening, no other business appearing, the meeting adjourned.

## COMMENCEMENT EXERCISES.

The sixty-third annual commencement exercises of the Albany Medical College were held at Harmanus Bleecker Hall, on Wednesday afternoon, April 18, 1894, at 3 o'clock, in the presence of a large audience. Hon. W. L. Learned, vice-president of the board of trustees presided, and upon the stage were seated the members of the faculty, officers of the Alumni association and prominent citizens. The following was the order of exercises.

OVERTURE—"Amaryllis," - - - - - *Thiele*

PRAYER, - - - - - *REV. WALLACE H. BUTRICK*

MUSIC—Selection; "Isle of Champagne," - - - - - *Furst*

ESSAY, - - - - - *JAMES BURTON*

MUSIC—Fantaisise; "Scenes from Spain," - - - - - *Langey*

CONFERRING DEGREES, - - - - - By HON. WILLIAM L. LEARNED, LL. D.  
Vice-President of the Board of Trustees.

MUSIC—Selection; "Tar and Tartar," - - - - - *Itzel*

ADDRESS— - - ALBERT L. GHION, M. D., U. S. N., Washington, D. C.

MUSIC—Vocal Polka; "The Jolly Blacksmiths," - - - - - *Suckley*

VALEDICTORY,	- - - - -	GEORGE HATCH BEEBE
MUSIC—Gavotte; "Idle Thoughts,"	- - - - -	Bratton
REPORT ON PRIZES AND APPOINTMENTS,	-	PROF. SAMUEL B. WARD, M. D.
BENEDICTION.		
MUSIC—Waltz; "Love Thoughts,"	- - - - -	Waldteufel

The graduating class was as follows:

CHARLES FRANCIS ARCHAMBEAULT,	- - - - -	Troy, N. Y.
GEORGE HATCH BEEBE,	- - - - -	Alford, Mass.
CHARLES BERNSTEIN,	- - - - -	Albany, N. Y.
JOSEPH BARTON BETTS,	- - - - -	Cropseyville, N. Y.
HENRY WARD BRIGGS A. B.,	- - - - -	Schenectady, N. Y.
GEORGE BROOKINS,	- - - - -	Johnstown, N. Y.
JAMES BURTON, A. B.,	- - - - -	Albany, N. Y.
ARTHUR JOHN CAPRON,	- - - - -	Albany, N. Y.
WILLIAM WESLEY CLARK,	- - - - -	Barton, N. Y.
ROBERT NELSON CLEMONS,	- - - - -	Dresden Station, N. Y.
CHARLES HIGGINS COLE,	- - - - -	Waterford, N. Y.
JOHN HENRY COTTER, 2nd,	- - - - -	Clinton Corners, N. Y.
ERWIN JAMES CUSACK,	- - - - -	Fulton, N. Y.
OTIS H. DECK,	- - - - -	Deck, N. Y.
WILLIAM HENRY GEORGE,	- - - - -	Albany, N. Y.
WALTER C. GILDAY,	- - - - -	Cherry Valley, N. Y.
WALTER WESLEY GODDARD,	- - - - -	Cohoes, N. Y.
GEORGE WILLIAM ELLSWORTH GOODELL,	- - - - -	Mexico, N. Y.
EUGENE HOWARD GOODFELLOW,	- - - - -	Gloversville, N. Y.
WILFRED SILVESTER HALE,	- - - - -	Albany, N. Y.
OWEN ELON JONES,	- - - - -	Frankfort, N. Y.
CHARLES TEN EYCK LAMOURE,	- - - - -	Albany, N. Y.
STEPHEN MADATIAN LONG, A. B.,	- - - - -	Harpoot, Asia Minor.
HARRY WARNER LUCHSINGER,	- - - - -	Glendale, Mass.
JOHN RODDY MAHAN,	- - - - -	Troy, N. Y.
JOHN RANKIN McELROY,	- - - - -	West Milton, N. Y.
JOHN FRANCIS McGARRAHAN,	- - - - -	Cohoes, N. Y.
GEORGE B. McGRAW,	- - - - -	Kingsbury, N. Y.
WILLIAM JAMES McKOWN,	- - - - -	Albany, N. Y.
JAMES MANNING MOORE,	- - - - -	Albany, N. Y.
BERNARD EDWARD MULLIGAN,	- - - - -	Albany, N. Y.
ELLWOOD OLIVER,	- - - - -	Slingerlands, N. Y.
GEORGE JOHN OTT,	- - - - -	Clinton, Mass.
JAMES TIMOTHY PARK,	- - - - -	Fort Ann, N. Y.
ANDREW JAKSON ROGAN,	- - - - -	West Troy, N. Y.
ARTHUR SUTTER, Ph. G.,	- - - - -	Albany, N. Y.
THOMAS CONANT SAWYER,	- - - - -	Auburn, N. Y.
RALPH SHELDON,	- - - - -	Lyons, N. Y.
FRED BYRON STELLWAGEN,	- - - - -	Albany, N. Y.
CHARLES HOWARD TRAVELL, A. B.,	- - - - -	Troy, N. Y.
FRED PHILLIPS VAN DENBERGH,	- - - - -	Troy, N. Y.

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MILAN THERON WARD, B. S.,	- - - - -	Chicago, Ill.
EARL WADSWORTH WILCOX,	- - - - -	Earlville, N. Y.
WILLIAM JESSUP WOODRUFF,	- - - - -	Pine Bush, N. Y.

Dr. Ward presented the prizes. He first read a report on the Vanderpoel prize endowed by Mrs. Gertrude W. Vanderpoel, in memory of her husband, the late S. Oakley Vanderpoel, M. D., for many years a professor in the college, stating this prize, consisting of a microscope and accessories, offered to the senior student passing the best bedside examination in general medicine, had been awarded to William J. Woodruff; and that at the competitive examination for hospital positions, the following appointments had been made: Albany hospital, William J. Woodruff, Otis H. Deck, Joseph B. Betts and W. H. George; St. Peter's hospital, Ellwood Oliver and Wilfred S. Hale; Ellis hospital, Schenectady, Henry W. Briggs.

The prize offered by Dr. Vander Veer, for the best report of the surgical clinics, was awarded to Walter W. Goddard, and the prize offered by Drs. Hailes and Morrow, for the second best report of these clinics, was awarded to Stephen M. Long.

The prize, consisting of an ophthalmoscope, offered by Dr. Merrill, for the best report of the eye and ear clinics, was awarded to Walter W. Goddard.

The prize offered by Dr. Townsend, to the student passing the best examination in physiology at the end of his first year of study, was awarded to Jesse M. W. Scott.

Dr. Boyd's prize, to the student passing the best final examination in obstetrics, was awarded to John F. McGarrahan.

Dr. Bigelow's prizes, for the best dry preparations of the throat and of the nose, were awarded to Fred Sauerbrie and Henry W. Briggs.

The prize, consisting of a case of surgical instruments, offered to the senior student passing the best final examination, by Dr. T. W. Nellis, was awarded to Joseph B. Betts.

The prize offered by Dr. H. R. Powell, to the second year student passing the best final examination, consisting of a general operating case, was awarded to Thomas A. Rogers.

A prize, consisting of 'Gross' complete pocket case of instruments, offered by A. B. Huested & Co., to the first year student passing the best final examination, was awarded to Jesse M. W. Scott.

## ALUMNI DINNER.

The twenty-first annual dinner of the Alumni Association was held at the Delavan House, on Wednesday evening, April 18, 1894, at half-past eight o'clock. One hundred and eighty-six were present, including members of the association, their guests and members of the graduating class. The *Menu* was as follows:

Oysters on Shell.	
Cream of Asparagus.	
Bouchees a la Reine.	
Broiled Shad Maitre d' Hotel.	
Potatoes Parisienne.	
Sweetbread Cutlets Macedoine.	
Small Filet Saute Mushrooms.	
Prime Ribs of Beef.	
Brown Mashed Potatoes.	Stewed Tomatoes.
Philadelphia Capon au Jus.	
Lobster Salad.	
Champagne Punch.	
Neapolitan Ice Cream.	Gateau Assortis.
Coffee.	Fruit.

After the tables had been cleared, cigars passed, and the "Alumni Ode" sung, the following toasts were responded to, Dr. Albert Vander Veer acting as toastmaster:

1. "Our Alumni Association," Dr. W. H. Woodruff.
2. "The Orator of the Day," Dr. A. L. Gihon, U. S. N.
3. "The Faculty," Professor M. Perkins.
4. "The Legal Profession," Amasa J. Parker, Jr.
5. "The Medical Profession," Dr. H. E. Mereness.
6. "Education," President W. J. Milne.
7. "Our Sister Educational Institutions," Professor W. P. Mason.

A song was then sung by the glee club.

8. "The Clergy," Rev. W. H. Butrick.
9. "The class of '94," Dr. Arthur J. Capron.

Dr. C. H. Cole of the Class of '94 then read the class poem.

The "Parting Ode" was then sung to the tune of "Auld Lang Syne," and President Woodruff in a few remarks, declared the reunion of '94 at an end.

THE  
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HOWARD VAN RENSSLAER, PH. B., M. D., EDITOR.

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### ANNOTATIONS.

“The Treatment of Erysipelas.”—Kolaczek: Breslau. Centralblatt fur Chirurgie, July 15. For the last ten years Professor Kolaczek has, with only slight modification, used the same simple plan of treatment in all his erysipelas cases. He covers the whole of the affected surface, together with about a hand’s-breadth of the surrounding healthy skin, with a piece of gum-paper soaked in 5 per cent carbolic acid solution. Over the paper he puts a thick layer of cotton wool, and then by firmly bandaging over all, he secures that the paper shall lie quite close and even on the skin. After twenty-four hours he renews this dressing, making the gum-paper larger if the erysipelas seems to be spreading.

As a rule, Professor Kolaczek has found this treatment to answer so well that he says; “I have no hesitation in bringing my treatment before the notice of my colleagues, though my cases have not been very many in number during my ten year’s trial of my treatment.”

After first remarking that his treatment gives its best result in erysipelas of the extremities, where it is easier to completely cover in the affected part, Professor Kolaczek gives some of his cases. One case of erysipelas, commencing at the foot and extending up to the knee, cut short after one application of the gum-paper in twenty-four hours; in another

case it took two to four days to procure the same good effect, but the disease had already existed some time before the treatment was begun. In erysipelas of the trunk the effect was less marked. Professor Kolaczek explains this, as mentioned before, by the difficulty of getting here an even and air-tight covering with the paper, owing to the irregularity of the surface of this part and the interference of the movements of respiration. But even here, in a case of erysipelas following an operation for the removal of cancerous inguinal glands, healthy granulations were brought back in two days.

In facial erysipelas, where the difficulties before mentioned were even more felt, this method only gives any result so long as the inflammation has not reached any hairy part. Latterly, Professor Kolaczek has modified his plan in two particulars. He omits of soaking of the gum-paper in carbolic acid solution, and he allows the first applied piece of gum-paper to remain in its place during the whole treatment, only adding to it other pieces wherever the erysipelas seems to be spreading beyond the margin of the first applied piece. Gum-paper, after remaining so many days in close contact with the skin, becomes so attached to it that it brings off with it large pieces of skin, when peeled off.

Professor Kolaczek explains the action of his treatment as follows; "The theory of my plan of treatment rests on a practically complete stutting-in of the perspiration in the part attacked." He thinks the various constituents of the sweat, together with probably some ptomaines produced by the bacilli themselves, being kept back in the skin, stay the development of the streptococci.

Mentioning the treatment by collodion, on which, however having no personal experience he offers no opinion, Professor Kolaczak would explain any result from his plan on the same grounds.—*Medical Chronicle.*

**Ten Tests for Death.**—An English physician writes to the *London Lancet* that he was called to see an old lady who was believed to be dead, but whose countenance looked natural and life-like, the eyes being open. The family, being

extremely anxious, urged that all the tests of death be applied, and this was done in the following order:

1. Heart sounds and motion entirely absent, together with all pulse movement.
  2. Respiratory sounds and movements absent.
  3. Temperature of the body taken from the mouth the same as that of the surrounding air in the room, 60° F.
  4. A bright needle plunged into the body of the biceps muscle (Cloquet's needle test) and left there, showed on withdrawal no sign of oxidation.
  5. Intermittent shocks of electricity at different tensions, passed into various muscles and groups of muscles, gave no indication whatever of irritability.
  6. The fillet test applied to the veins of the arm (Richardson's test) caused no filling of the veins on the distal side of the fillet.
  7. The opening of a vein to ascertain whether the blood had undergone coagulation, showed that the blood was still fluid.
  8. The sub-cutaneous injection of ammonia (Monte Verde's test) caused the dirty-brown stain indicative of dissolution.
  9. On making careful movements of the joints of the extremities of the lower jaw, and of the occipitio-frontalis, rigor mortis was found in several parts.
- Thus of these nine tests, eight distinctively declared that death was absolute—the exception, the fluidity of the blood, being a phenomenon quite compatible with blood preternaturally fluid and at a low temperature, even though death had occurred.
10. There now remained the diaphanous test, which was carried out by the aid of a powerful reflector lamp yielding an excellent and penetrating light. The writer says: "To our surprise the scarlet line of light between the fingers was as distinct as it was in our own hands subjected to the same experiment. The mass of evidence was of course distinctively to the effect that death was complete; but, to make assurance doubly sure, we had the temperature of the room

raised and the body carefully watched until signs of decomposition had set in. I made a visit myself on the succeeding day to assure myself of this fact."—*The Medical and Surgical Journal.*

**Statistics of the attendance of American Medical Colleges.**—Whatever may have been the fact as to the number of students of medicine at some remote period, it has not been true for the last half-dozen years or more that the number is (in relation to population) "relatively diminishing". At the sessions of 1885 the total attendance was 10,891—9245 regular, 1032 homeopathic, 614 eclectic. During the sessions of 1893 the attendance was 18,910—16,759 regular, 1410 homeopathic, 814 eclectic. These figures show gains in eight years of 73.6 per cent. in the total attendance—81.2 per cent. for the regular students, 30.6 per cent. for the homeopathic, 20.6 per. cent. for the eclectics—an average annual increase of 9.3 per cent. during the period. The average annual increase of population during the same period was less than 2.5 per cent. So that instead of there being a diminution of students of medicine in relation to population, there is a relative increase nearly four times greater than that of population. As a matter of practical interest to the profession, it may be noted that there is an average increment of nearly 6000 new home-made physicians every year, and that while the population increased 24.8 per cent. during the decade 1881-1890, the number of newly graduated physicians increased over 50 per cent. during the same period; last year, 1893, the increase was a trifle over 8 per cent.—*Med. News.*

**Therapeutics of Phenacetine.**—Dr. James T. Whittaker, Professor of Theory and Practice of Medicine, Medical College of Ohio, in his recent popular text book on medicine, discussing the treatment of influenza, says; "The pain is best relieved by broken doses of Dover's powder, or in the presence of much nausea by Phenacetine. Phenacetine may be given in a single dose of ten grains to secure a peaceful sleep." In measles he states that "Any case of fever about 103° is best

controlled by warm baths which may be gradually cooled, or by occasional administration of Phenacetine gr. 111-v, more especially in the relief of the associated nervous symptoms." In scarlatina he prefers to reduce fever by cold, tepid or warm baths, or ablutions, but if as sometimes happens it is necessary to resort to antipyretics, he recommends Phenacetine as the least injurious. It may be given to a child in a dose 11ss-5 grains, to an adult in double this dose, once or twice in the course of a day. It is of especial value in headache or other nervous distress. It is best administered in capsule or in powder taken directly upon the tongue, stirred—that is, suspended—in milk, or in case of high fever with dry tongue, floated upon the surface of a teaspoon of water. While an adherent of the cold bath treatment in typhoid fever Dr. Whittaker recognizes the fact that it is sometimes impracticable and impossible. Speaking of the use of chemical agents for reducing fever in this disease, he says that "The safest of modern antipyretics is Phenacetine, which is best given in a large dose, three grains to a child, five grains in adolescence, ten grains to an adult, at the height of the temperature, which it will reduce in the course of fifteen or twenty minutes, a degree or two, with some slight sweating, which in turn aids in sustaining the antipyresis." Dr. A. A. Stevens in his "Manual of Therapeutics" recently published, sums up his experience with Phenacetine as follows: "It may be used to lower temperature in diseases associated with higher fever, such as typhoid fever, scarlet fever, rheumatism and pneumonia. As an analgesic it is an extremely valuable remedy in neuralgia, headache, migraine, influenza, rheumatism and the crises of locomotor ataxia. It has been used with success as an antispasmodic in whooping cough."

**Treatment of Hydrocele.**—Dr. J. Neumann employs the following method, which he claims is less painful and less likely to be followed by inflammation than other operations, and effects a cure within a shorter time. After the parts have been cleansed and rendered antiseptic he punctures the scrotum with an ordinary trocar, withdraws the stillette, and as soon

as the fluid flows out, pushes the canula further up and leaves it in situ for two days, holding it in place with cotton dressing and bandages. After removal of the canula the swelling and redness of the skin is subdued by cooling lotions, such as lead water. The author has tried this procedure in six cases, and was able to obtain obliteration of the sac without the occurrence of inflammation or suppuration.—*Int. Jour. Surgery.*

**Acetanilid as a Dressing for Wounds.**—Under this title Dr. F. W. Harrell of Gilman, Washington, Surgeon in charge of the Seattle Coal and Iron Company's mines, reports the use of powdered acetanilid as a dressing for the various injuries: burns, scalds, contused and lacerated wounds, into which dirt of various kinds has been ground; occurring among the employes. In an effort to find some agent which would prevent the suppuration which so frequently accompanies these cases, he was led to try acetanilid, because of its non-hygroscopic properties and reasoning that as a coal tar product it was inimical to the development of germs.

Unusual success is claimed for it in the large number of cases in which it has been tried.—*Columbus Med. J.*

**A Delicate Test for the Demonstration of Bile-Pigment in the Urine.**—After comparing the different tests for the demonstration of bile-pigment in the urine, and showing their lack of delicacy in doubtful cases, Dr. Henry Rocin presents a method which has been tried by himself in Prof. Senator's clinic.

He adds ten parts of the officinal tincture of iodine to 90 parts of alcohol; which mixture is kept ready for use. A sample of urine to be examined is poured into a test-tube; which, being held inclined, has from 2-3 ccm. (30-45 min.) of the above dilute tincture poured upon it with great care, so that the same rests upon the urine without mingling with it. Almost instantly, at the plane of contact of the two fluids, a grass green ring is developed, which oftentimes persists for hours. If there is no bile-pigment present, the yellow urine

has either only a light yellow or colorless ring formed at the meeting of the two solutions.

This test has been used for three-fourths of a year at Prof. Senator's clinic; and, after comparing it with a large variety of tests, it has been demonstrated as the most delicate, most reliable and simplest test for the detection of bile-pigment.—*Toledo Medical Journal*.

**Immunity Against Diseases.**—The study of infection diseases, their specific origin from the toxines of micro-organisms, and the possibility of rendering the human system immune against certain diseases by the introduction into the blood of those susceptible, of certain antitoxines, has opened a wide field for study and experiment. Recognizing the fact that toxines are destroyed by heat at a much lower temperature than antitoxines, Bonaduce has made the following experiments (Foster in *N. W. Lancet*):

"Blood was drawn from three children with all the characteristics of hereditary syphilis. After standing on ice for a day, 35 c. c of serum were obtained, to which 100 c. c of sterilized water was added; the mixture heated for ten minutes at 100°C., and filtered. A patient was selected with a characteristic chancre and enlarged inguinal glands, and was given 12 injections during 24 days, of about 12 minims each of the prepared serum. The injections were made with all suitable precautions into the subcutaneous cellular tissue. The chancre and the adenopathy completely disappeared; there were no further symptoms, and eight months later the patient remained well and showed absolutely no signs of syphilis. Further experiments are now in progress."—*Memphis Medical Monthly*.

**The Bacteriacide Properties of Human Mucus, Especially the Mucus Secretion of the Nose.**—The natural cavities are the only parts of the body in which bacteria are to be found under normal circumstances. The organisms usually come from without, and their development in these cavities

does not, as a rule, give rise to any inconvenience, although some of them are capable, under certain conditions, of assuming pathogenic properties. The body protects itself against infection by various means, which together, constitute the power of resistance and immunity; a point which has up to the present time has received little attention, viz: the process by which pathogenic bacteria are destroyed or rendered innocuous in the natural cavities of the body.

The epithelial surfaces of all mucous membranes are permanently covered by a layer of mucous. On investigating the bacterial power of human mucous, collected with suitable precautions from the nasal mucous membrane, we found that it possesses a distinct bacterial power on certain micro-organisms. This is especially the case in respect of anthrax bacilli as can be demonstrated by culture and inoculation experiments. Anthrax spores are killed after three hours exposure to the action of nasal mucous. The mucous exerts the same action on almost every other known species of pathogenic bacteria with variable intensity.

These experiments appear to us to present a certain interest from a physiological point of view. The inspired air if freed of most of its solid particles, micro-organisms inclusive, in the upper air passages, especially the nose. Bacteria or their spores would soon swarm in the nose, if the conditions were favorable for their growth and development. In view of the large number of bacteria present, the nose would become a constant source of infection.

The nasal mucus fulfils a two-fold function; therefore, it purifies the inspired air by mechanically arresting the solid particles in suspension therein, but it also prevents the growth of bacteria, and may even destroy them altogether.—*The St. Louis Clinique.*

**Piperazine in Diabetes Mellitus.**—Although Piperazine has been chiefly utilized as a solvent for uric acid in the treatment of gout, renal lithiasis and the uric acid diathesis in general, some evidence has been recently adduced, showing its value

in diabetes mellitus. Hildebrandt's experiments are very interesting in this respect. He set up an artificial diabetes in dogs, by administration of phloridzin, and then gave Piperazine Bayer, with the result of preventing the excretion of sugar. If phloridzin and Piperazine were simultaneously administered, no signs of diabetes or impairment of the animals was observed. Encouraged by these results, Hildebrandt resorted to the use of the remedy in a case of marked saccharine diabetes, giving from 15 to 25 grains daily, divided into three doses in aqueous solution. Under its employment, which was kept up for 14 days, the amount of sugar in the urine was reduced from three to five per cent., while the patient's general condition was also much improved.

In a case treated by Dr. Gruber, in which other remedies had been previously employed without success, Piperazine Bayer proved very serviceable. It was administered in 15 grain doses, daily dissolved in soda water, and its administration was continued for five weeks. During this time the patient's condition was not only materially improved, but the excretion of sugar was considerably reduced. In view of the lack of efficient remedies in diabetes mellitus, further trials of Piperazine are greatly to be desired. Now that the Farbenfabriken vorm. Friedr. Bayer & Co., of Elberfeld, have by a new process of manufacture, greatly diminished the cost of the remedy, this obstacle to its employment in doses sufficiently large to exert medicinal effects, no longer is encountered.

The Physicians of the United States now number 118,453; New York leads with 11,171, Pennsylvania has 9,310, and Illinois ranks third with 8,002.—*Medical and Surgical Journal.*

## Reviews and Book Notices.

**A Treatise on Headache and Neuralgia**, including Spinal Irritation and a Disquisition on Normal and Morbid Sleep. By J. Leonard Corning, M. A., M. D., Consultant in Nervous Diseases to St. Francis Hospital; Fellow of the New York Academy of Medicine; Member of the New York Neurological Society; etc. With an Appendix on Eye Strain, a Cause of Headache. by David Webster, M. D., Prof. of Ophthalmology in the New York Polyclinic; Surgeon to the Manhattan Eye and Ear Hospital, etc., etc., Illustrated, Third edition. E. B. Treat, 5 Cooper Union. New York, N. Y. H. K. Lewis, 136 Grower St., London, Eng., 1894. Price, \$2.75.

Headache and Neuralgia are two of the commonest symptoms that we are called upon to treat, and, unless we are able to determine their etiological factors, are often extremely difficult to cure. This book has been written with the purpose of showing the various causes of these morbid affections, and then of demonstrating the proper forms of treatment to be instituted in each particular case.

That the work has intrinsic merits is vouched for by the issuing of this, the third edition. Its former value is enhanced by an additional chapter on "Localization of the Action of Remedies upon the Brain" and by revision of the other chapters.

The book is divided into several parts, and each part subdivided into chapters. The parts are:—Headache; Neuralgia; Historical, being a consideration of methods of treatment heretofore proposed; Irritative Condition of the Spine; Normal and Morbid Sleep; and Eye Strain. Under these several headings are treated the many conditions considered.

The work is pleasantly as well as scientifically written, and is an excellent reference book on headache, neuralgia and allied disorders.

**Minor Surgery and Bandaging.** By Henry R. Wharton, M. D., Demonstrator of Surgery in the University of Penn-

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sylvania. In one 12mo volume of 529 pages, with 416 engravings, many being photographic. Cloth, \$3.00. Philadelphia, Lea Brothers & Co., 1893.

In a work of this kind a glance at a picture will often tell more in a shorter time than the most elaborate text without plates to exemplify it. The author of this book has evidently recognized this fact, for its pages abound with simple, carefully chosen and well executed pictures that are understood at a glance. The space therefore given to description is curtailed and it is remarkable how much matter is compressed in this book of five hundred pages. But while the subjects treated are brief, they are sufficiently full to be clear and to allow the directions to be readily followed.

For the accidents, and for opportunities of minor surgery which are frequently presenting and demanding of us instant treatment, this is an excellent volume to which to refer.

**Aene and Alopecia.**—By L. Duncan Bulkley, A. M., M. D. Professor of diseases of the skin, New York Post-Graduate Medical School; Physician to the New York Skin and Cancer Hospital, etc. Geo. S. Davis, Detroit, Mich., 1892.

This monograph, one of the series of the Physicians' Leisure Library, makes interesting reading on two common affections of the skin and hair. As is customary with the books of this series this work is written from a clinical and practical standpoint, and does not deal extensively with abstruse scientific theories.

It is a book that can be read with pleasure and profit.

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## Observations Upon Abdominal Surgery in Relation to the General Practitioner.\*

By A. VANDERVEER, M. D., ALBANY, N. Y.

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*Mr. President and Members:*

But little more than three decades have passed since were spoken the words of that particular lecturer whom we all respected, and I may say loved, for his pure teaching. On being requested to deliver a course of lectures upon the subject of ovariotomy, he said very quaintly in his opening sentence: "Gentlemen, I shall expect to speak to-day with more than my usual volubility and eloquence, as I shall not be hampered with any knowledge of my subject."

This really reflected at that time the true condition of abdominal surgery in this city. Gastrotomy, Gastrostomy, Abdominal Section, Laparotomy, Coeliotomy, being terms little used in those days, some even unknown by good specialists, and to many of those who constituted the great family of general practitioners, understood not at all.

Note now the change. Of the living members of his, at that time audience, or those who are present this evening, and the same can be said of any gathering of medical men, there is not one but has some knowledge of the advances made within so brief a period, relating to the subject of abdominal surgery, and in many quiet towns, or larger

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\* Read at the New York Academy of Medicine, December 28, 1893. Published in Gaillard's Medical Magazine, March, 1894.

villages and lesser cities are to be found brilliant and competent operators. No longer do we have trustees of prominent hospitals and medical institutions passing resolutions forbidding abdominal section, but to the contrary, we have them leading in their endeavors to do all that is possible in the way of erecting properly constructed buildings; aseptic, hygienic, pure, sweet, clean ampitheatres in which to operate; giving everything that aids the surgeon, who, in this field, tries to relieve human suffering, or save the lives of those, who, but a few years since must necessarily have passed away because operations now performed so successfully were, at that time, unknown, or, done amid surroundings and with technique so imperfect that the mortality list shocked, rather than inspired confidence in our general practitioners. Now that such advances have been made, what is the true relation to-day existing between the family physician and that surgeon, who, in his own city or location endeavors to do that which the general practitioner recognizes is necessary for his patient in the way of operative interference, but yet himself is totally unprepared to do, not only from the personal surroundings of the case, but because of his inexperience and want of knowledge of the surgical technique required?

It is not my intention to inflict upon you this evening a review of the advances made in the domain of abdominal surgery since this memorable sentence was given to the students of the medical department of Columbia college.

There comes before the general practitioner a class of abdominal work in which he has ample time to make the diagnosis, if he be a man of fairly average skill. As a busy practitioner he can pause sufficiently to examine his case with proper care, and can relegate this class of patients to such hospitals, into the care of such men, who, from experience and careful study have fitted themselves to claim his confidence and that of his patients.

Slow-growing tumors of the abdomen, of whatever nature, come under this classification, and the general practitioner of

to-day, who is conscientious in the discharge of his duties, knows full well that he is no longer to encourage his patient, with an ovarian tumor, by enticing her from month to month or week to week through the process of tapping; neither is he to attempt that which his own good judgment tells him he is not competent to do in the case of solid tumors, whatever their character, by the not harmless but indiscreet application of electricity. Such a class of patients he has time to dispose of in a manner acquitting him as an honest practitioner, by placing them upon a plane of surroundings very hopeful for their recovery. But, on the other hand, what are the assurances that can be given to the general practitioner regarding more acute cases? Cases of a character that perhaps he may see but once in his professional lifetime, possibly oftener, yet of which from his text-books he may have a theoretical knowledge, never so valuable as that of practical experience and personal observation. The general practitioner, his patients, the friends of the latter, to-day, in the acute cases that present with abdominal troubles, are keenly alive to the fact that wonderful advances have been made in this branch of surgery within a few years, and look to such men, as have by their success, won and can claim their confidence for help in this direction.

Have they been led too far by our text-books of to-day in dwelling upon the work of the abdominal surgeon? Is the material that we read in our medical journals too hopeful, too enthusiastic in presenting this subject to the profession at large? I think not, and yet I am confident that there are certain conditions in which the abdominal surgeon and the general practitioner should be brought in closer contact, in nearer touch, one with the other, and that it is the duty of the experienced operator and the diagnostician in abdominal surgery to place before the profession at large, honestly and clearly, his conclusions as to the diagnosis of certain cases, as to the results that may be reasonably expected from operations done at certain periods and at certain times in the history of the case. Take for instance the sur-

gery of the gall-bladder of to-day. There are many noble, bright, general practitioners who, upon this subject, have not yet settled the question in their own minds, and it is not altogether clear to them as to the actual good results that have followed the operations upon the gall-bladder and ducts and they are equally at a loss in making their diagnosis in certain cases; for this reason, that they have been taught in the past, very well taught, that one of the most prominent symptoms of biliary colic, and of biliary concretions, is the presence of jaundice, when many of us know full well that in not a few of our operations of this kind this one symptom, upon which so much stress is laid, and has been laid in the past, is frequently entirely absent.

Let me illustrate a little more fully by one good general practitioner who has been exceedingly careful in investigating a particular case. No evidence of gall-stone detritis found in the stools, although for several days passed carefully through a sieve and every other precaution exercised. No jaundice, no gall-stones in stools, when every form of medical treatment has been followed out! No distention of gall-bladder! Surely the case must be one of sympathetic gastric colic. But the attacks grow more severe and frequent, and the general practitioner decides to send for the surgeon whom he knows is doing abdominal work. A careful examination by the latter, the localized tenderness over the region of the gall-bladder, the sudden onset of the attacks, the speedy relief afforded at times when certain positions are assumed, the bringing out of the fact, on careful questioning of both husband and wife that at certain times they had noticed a swelling, where now the point of tenderness seemed the greatest, all these conditions being emphasized to the family physician, resulted in a joint expression to the patient and her friends that an exploration was justifiable and proper. The opinion was ventured by the surgeon that there was probably a large stone present in the gall-bladder (a condition doubted by the general practitioner, as large stones, the books say, do not produce trouble of this kind) and that the

common duct was free; that the gall-bladder was nearing the point of ulceration, perhaps suppuration. The operation was readily consented to, and this large, unusual stone found, which had caused all her suffering, the patient making a good return to complete health.

Another condition in which the abdominal surgeon does not acquit himself so fortunately, the case being one of many years standing, frequent attacks of pain accompanied by jaundice, light, clay-colored stools, all the clinical symptoms being present. All medical efforts failing, an operation, after consultation, is decided upon and done; the gall-bladder found contracted to a mere sinus, and stenosis of the common duct, with many adhesions, yet no gall-stone found. The adhesions were loosened, and an attempt made to pass a probe not successful. The patient finally made a good recovery.

It is not fair to assume that, had this patient had an early operation, when medical treatment seemed to avail not, and when the gall-bladder had not yet contracted, probably containing a number of gall-stones (some of which had been observed in the stools), she would have gone on to a more speedy recovery, saving three or more years of pretty continuous suffering?

Is not this latter an illustrative case in which it seems wise for the general practitioner and abdominal surgeon to unite early their skill for the cure of the patient? When I speak of the united efforts of the general practitioner and the abdominal surgeon I mean an honest, thorough looking over of the case jointly. I do not wish to be understood that when the former has sent for the latter as an operating surgeon he must necessarily go ahead and operate. Medicine plays some strange freaks in relieving surgery of an operation now and then.

A patient under judicious care of an able practitioner, gives all the symptoms of obstruction of the common duct, yet fails to respond to a line of treatment most thorough and complete. He is already in a condition of cholæmia, presents

here and there over his body appearances indicating the approach of ecchymotic spots, so dangerous from the stand-point of surgical interference. It is decided by the family physician and friends of the patient to send for the surgeon who has operated in such cases. A careful going over of the history of the case, a thorough consultation, reveals the fact that a few remedies have not yet been made use of, and large doses of olive oil are given for a few days, followed by the free use of succinate of iron, and the continued use of Sprudell Salts. Within a week the pain ceases and the washing of the free evacuations from the bowels presents this genuine gall-stone, which I here exhibit. It will be observed this stone presents no facets. This man had suffered for many years from gall-stone colic. He has now for two years or more been absolutely well, that is since the olive oil treatment.

That the common duct will dilate to a greater extent than has ordinarily been believed I think is capable of demonstration from the specimen I next present.

This case was known to have had a number of attacks of biliary colic, dying, however, of another disease. An autopsy was held, and the specimen brought me a few hours after death. There were in the common duct two of the gall-stones here seen, while all the others, with the exception of the largest one, by a little pressure, passed readily into the duodenum. Of course some allowance must be made for post-mortem relaxation.

Let me inquire is it true that all general practitioners realize fully the serious dangers that are associated with attacks of biliary colic?

Those of us who in days past have held many autopsies, know too well of sudden deaths accompanying gall-stone colic, in which the shock to the nerve centres, from the great pain, was such as to turn the balance fatally against the patient. Look at this specimen in the case of a man who was thought by the attending physician likely to recover, as he had done in other well-known attacks of jaundice and

severe suffering. It was known that he had passed gall-stones before, but now medical treatment and nature failed, and in a severe paroxysm he passed into a condition of collapse and died.

This gall-bladder, filled as it is with gall-stones, presents a most perfect specimen to illustrate what a grand chance was here offered the abdominal surgeon to perform cholecystotomy, with every prospect of his patient making a thorough and complete recovery, had the general practitioner joined hands with him in the treatment of the case. Almost the same may be said of the other like specimens that accompany this. I regret that these three specimens were at the autopsies removed somewhat hurriedly, but at the time they showed clearly stenosis of the cystic duct.

Medical treatment has unquestionably done good in such cases, by a carefully-regulated diet, by an application of therapeutics suitable, and without dispute has helped the patient through successfully, but, again, on the other hand, is it not equally true that valuable lives have been lost, and the years of man lessened in consequence of the too prolonged effort to treat that kind of a case, which has been diagnosed, and is now fully recognized as one of gall-stone impaction. To have the operation delayed, delayed until such adhesions have resulted, such malposition of important organs, as to embarrass greatly the operator at the time, and to interfere seriously with a favorable percentage of recoveries is not keeping abreast of the work the abdominal surgeon is capable of doing.

These are to be classed with the cases that have suffered repeated attacks until a lodgment in the common duct is the inevitable result, a well-defined stenosis has formed in such a way that we have a sacculated condition of the duct or ducts, a contracted gall-bladder upon one or more stones, cases, which had they been thoroughly understood by the general practitioner, the abdominal surgeon called in early, and the operation done promptly, would certainly have resulted in a smaller rate of mortalities, a lessening of much suffering, a prolong-

ation of life. I am impressed that, while the general practitioner is justified at all times, so far as it is reasonable, to restrain and keep from the operating table his patient, yet my observations are in this direction, and it is upon this point I wish to be recorded, that we have on this subject of gall-bladder surgery to make an advance in the direction of more early operation, in the necessity of the general practitioner coming more in touch with the surgeon, in the prompt, early and frequent examination of these patients, and that that responsibility rests largely with the family physician.

Let me again illustrate: We have here a specimen; this patient began with attacks of biliary colic two years previous to the time of his death. He was given a good, careful course of treatment, thoroughly intelligent in every way. He had his periods of being jaundiced, then would evidently get relief, remain well for a month or two when the attacks of colic returned. For ten months previous to his coming under my notice the jaundice did not disappear. He lost greatly in flesh, and when thoroughly cholæmic, with numerous ecchymotic spots, it was suggested to him that an operation might be done for his relief, upon which suggestion he acted quickly.

In doing the operation I found just that kind of embarrassment met with in these cases of nearly obliterated gall-bladder, i. e., the gall-stone occupying the common duct, producing the obstruction, a full liver, many adhesions, a difficult operation in every respect, but which was finally accomplished, working from the cystic duct downwards, removing the calculus and being able to pass a probe through into the duodenum. It was necessary to place in a glass drainage tube and pack around with iodoform gauze. He made a good recovery from the operation, having movements of the bowels within twenty-four hours afterwards, and the following twenty-four hours the stools giving evidence of containing bile, but he died from absolute exhaustion on the fourth day. No peritonitis or other immediate cause of death was present. Had this case been reached earlier the results might have been more creditable to surgery.

Among the cases of gall-bladder surgery are those in which the surgeon should be guarded as to the possible results in the formation of a fistulous opening, concerning which it is our duty to explain more fully to the family physician and to the friends. I am sure I have seen keen disappointment resulting in some of these cases where the continual discharge of bile became a source of annoyance, and the surgeon criticised somewhat in not being able to close the fistulous tract as early as had been promised. Life will be prolonged, however, even in these very few cases where it becomes impossible to close. Better have a fistulous opening than complete obstruction of the common duct, with no outflow.

There should come to the abdominal surgeon of to-day a greater degree of comfort and pleasure, as he reviews his field of work and realizes with what complacency it is possible to make a diagnosis, and to operate, in cases of cysts of the pancreas, desmoid tumors of the abdominal walls, and all of the rarer conditions such as are now met with, in and about the abdominal cavity, and which are so amenable to treatment. But these conditions are such, as I have said before, that the general practitioner has ample time for securing expert assistance to aid in a proper diagnosis.

Among this group may be classed all the conditions, such as tumors, etc., that develop slow obstruction of the bowels, but not so the conditions that produce acute, quick obstruction. Here a prompt, early joining of forces by the abdominal surgeon and general practitioner is imperative. In connection with this division of abdominal work there is that which claims our most earnest, thorough attention, a subject that is not yet thoroughly mastered, a question that involves more acute diagnostic skill, a more careful compilation of the results of different operators, and presentation of facts, in which the general practitioner must join, and that is the subject of appendicitis.

From my observation of vital statistics, causes of death, etc., I do not notice so much the use of that indefinite

term, "inflammation of the bowels," as I do the diagnosis ventured, "Obstruction of the bowels, cause not well defined." I believe that the gentlemen who are here present will agree with me in congratulating ourselves as a profession that we are no longer to be distressed by the term perityphilitis, and other similar expressions, as indicating some form of trouble with the appendix, and it is just at this point I feel keenly the inconsistency of my presence, for I know that I am in the midst of men who have reflected much credit upon American surgery and that has distinguished them as authorities in this branch of abdominal work. However, it may not be so entirely out of place, as a sentinel coming from the outer line of pickets to present a report, such as one collects in meeting these cases in a consultation practice spread over a section of country that embraces several villages, towns and smaller cities. I have listened with great interest in the near past to hear one good, clear headed practitioner say that he had treated ten cases of appendicitis with nine recoveries and but one death, the last being a case of acute perforation, the patient dying within two or three days of the attack; the former cases embracing those in which abscesses had formed, a cherry stone in one case escaping from a sinus in the lumbar region, another case a pumpkin seed escaping with discharge of pus through the rectum, another of apple seeds through an opening above Poupart's ligament, and yet he felt contented that his cases had escaped an operation and had recovered so well. And then, on the other hand, I have heard another equally good practitioner say that he had within two years seen eleven cases of appendicitis, in one or two of which he had operated but that ten out of the eleven had died of septic peritonitis, none of them living longer than six or seven days.

Now here are two reports from thoroughly reliable gentlemen in our profession, men whom we respect, men who are honorable members of the societies with which they are connected. One has but to take a section of his consultation work and gather much that presents points of intense interest

and food for careful professional thought and study in this field of surgery.

July 29, 1893, I received a telegram from a physician in a neighboring village, a man careful in the examination of his cases, and whose diagnoses are generally correct, requesting me to come prepared to operate for appendicitis. The patient was a lady, aet forty, resident of this city, married fifteen years. Having one child twelve years of age. Four days previous she thought she had contracted cold while taking a bath at the Springs, but the symptoms from day to day pointed to trouble in the right inguinal region, temperature gradually increasing, reaching 103, and her pulse 120 the night I saw her. She has had what was supposed to be inflammation of the bowels when fifteen years of age, and she remembers the doctor at that time asking her many questions as to whether she had been eating fruit containing seeds, etc., he evidently suspecting some trouble with the appendix. She was at that time living in Germany. After being sick two months she ultimately recovered. Ten years ago she suffered from another somewhat similar attack, but was told by her attending physician that the difficulty was probably connected with her right ovary. When I saw her I had but to confirm the diagnosis of the physician who sent for me, and that we would probably operate early the next morning. During the night her family physician arrived, a very intelligent practitioner, and we saw the case on the early morning of July 30th. She had passed a more comfortable night, one or two doses of morphine had been administered, her temperature was 100 2-5, pulse 88, and in many ways she was feeling much better. Her husband had arrived and was exceedingly anxious, if possible, to postpone the operation. An enema given had resulted in a fairly good movement of the bowels, with considerable gas, and it was thought well to wait until the following day. Ice was applied with much comfort—no anodynes, but a cautious line of treatment continued. I can only say that this case (a case undoubtedly of recurring appendicitis) made a gradual recovery; a proper

case now for operation, one that we feel almost sure will recover from an intermediate operation, which is undoubtedly becoming the proper line of treatment for all such cases. A case dangerous to be left to go on until another attack.

On Monday, July 31st, a call was received from an opposite direction to see a student, aet nineteen, a splendid specimen of physical development, a very intelligent person. On the 25th he had made a nine mile ride on his bicycle up the mountain side, and thinks that he ate a quart or more of black and red raspberries. This was on Tuesday. On Thursday he began to complain of some pain in his abdomen, believing that it was like an attack he had had at the seashore and called then bilious colic. Similar remedies were made use of, but without benefit. He gradually grew worse Friday, and Saturday vomited some, vomited much worse on Sunday—a greenish, dark-looking fluid, distinctly mixed with blood. When I saw him at 5 p. m., Monday, his temperature was 102, pulse 140, very little distension of the bowels, and he had a fairly liquid movement of the bowels while I was examining him. He had passed with some of the enemas that had been made use of, some berry seeds. He was delerious and it was difficult to make out the second sound of the heart. Was vomiting a greenish-looking fluid with some blood. Mutual diagnosis, acute enteritis, with possible perforation of the appendix. An operation not deemed advisable, as he was already becoming moribund and died fifteen hours afterwards. The autopsy revealed a very excessive enteritis, the cæcum in several places being ulcerated to the point of perforation, the appendix contained several seeds, and at one point perforation was nearly complete, but the contents had not yet escaped into the peritoneal cavity—probably a case of acute appendicitis. Possibly an early operation might have done some good.

August 7th, I responded to a telegram asking me to see the case of a male, aet forty-two, a machinist by occupation, who ten years before had had an attack of appendicitis, with peritonitis. Two days previous to the time I saw him, after

doing some heavy lifting, he was seized with a severe pain in the right side. Later the case was recognized as one of appendicitis by his family physician, who recommended an immediate operation. I found the patient's pulse 90, temperature a little more than 100, he feeling a little better than he had forty-eight hours previously. There was no doubt about the appendix being implicated, and that the general practitioner was right in every respect. An operation was absolutely refused by his wife, this opinion being sustained by an older physician. This patient is not yet well, no abscess has pointed, no operation has been done, but the case is one unquestionably for intermediate removal of his appendix.

Monday, August 7th, a strong, healthy boy, aet sixteen, a farmer's son, developed gradually a pain that became very severe towards night, and located in the right inguinal region. The only history, in any deviation from health, was a supposed strain of some two weeks before. His bowels now became constipated and he vomited some. He was seen by a very excellent, astute, keen practitioner, who, although advanced in life, is thoroughly alive to all modern diagnostic skill in reference to bowel trouble. The boy's temperature had gradually increased and on Sunday, August 13th, was 102, with a pulse of 100. There was marked tenderness in the right inguinal region, and evidence of appendicitis well defined. I saw him on Tuesday, August 15th. The night before he had had a free movement of the bowels, his temperature was normal, and his pulse 80. Soreness and tenderness were confined strictly to the appendix, where an enlargement could be made out. There was such marked improvement in his case that it was thought best to wait and not go on with an immediate operation. This young man has made a slow but continued convalescence, no abscess forming, and is now apparently well. Is this now a proper case for operation?

August 10th, a case presented of a lady, aet thirty-five, a school-teacher by occupation, treated when one year of age for what was believed to be inflammation of the bowels.

Began menstruation at thirteen, never regular, and always suffered more or less. From November, 1892, until the time I saw her she had four distinct attacks with all the symptoms attending appendicitis. Her family physician, a most excellent gentleman of sixty, who had attended her in these last attacks, did not believe in an operation for appendicitis, and advised her to the contrary. She was emaciated, was unable to go on with her occupation, and had just recovered from her last attack when I saw her. I advised an immediate operation to which she assented. I found many adhesions, the appendix doubled upon itself, shortened, and difficult to remove. Which I here exhibit. She made an excellent recovery, has gained much in flesh, has had no return of her unpleasant symptoms, and is improving in every way.

A healthy, strong young lady, aet nineteen, had indulged quite freely the previous week in the eating of grapes. On the evening of September 15th, Friday, she was taken with severe pain in the epigastric region, after having exposed herself somewhat by sitting upon the cold ground; was given a seidletz powder that night by her mother, which she soon vomited. She was seen Saturday by her family physician, a clear-headed, shrewd practitioner, who gave her some small doses of calomel, and hypodermic injection of morphine. She had two or three movements of the bowels and was easier Sunday morning, the 17th, when I saw her with her physician. She complained of pain in the region of the appendix, on deep pressure, and I had but to confirm the doctor's opinion of appendicitis. I saw her early the next day, the 18th; her temperature was 102, pulse 120, with evidence of suppurative appendicitis, without doubt. She was removed to the hospital at once, and an operation done. There was much effusion of serum in and about the appendix, which had extended also into the cavity of the pelvis, lymph exudate thrown out, holding coils of the small intestines, pus forming. Appendix was found in a gangrenous condition, several grape seeds present. Specimen here presented.

Peritoneal cavity and pelvis were thoroughly washed out with hot water containing salt and alcohol, long glass drainage tube introduced into the cavity of the pelvis, immediate neighborhood of the stump of the appendix and cæcum packed with iodoform gauze as drainage, which was changed on the third day, the temperature showing a slight rise. The packing was continued, and the drainage tube left in for nearly a week, patient making an uninterrupted recovery.

A young man, aet twenty-five, comparatively well, was standing at his desk 10 a. m., Saturday, November 19th. While paying off his employees he was seized with a sudden, severe pain, which compelled him to cease work, though within an hour he walked nearly a mile to his home. Vomited some, seen at once by his family physician who was obliged to give him hypodermics of morphine to relieve the pain, but, who, from the symptoms, made a diagnosis of perforative appendicitis. The next day when I saw the case with the doctor at 2 p. m., his pulse was rapid, he had all the local symptoms of acute appendicitis, his heart's action and capillary circulation were such that an effort was made to rally him somewhat, although useless. The operation was done early Monday morning, though the case was moribund at the time and he lived but a few hours afterwards. The autopsy showed perforative appendicitis, with a most malignant septic peritonitis.

I might cite many other cases occurring in the same space of time, but these I have selected as a section of the circle pertaining to the abdominal work of the consultant surgeon's experience, and we have here an illustration that brings out the points I would like to hear discussed.

There is no question in the minds of operating surgeons that in appendicitis an abscess does form, and nature will make an opening, and the cases do recover, but a large number fail to do so, because an operation is not done sufficiently soon, and because the general practitioner has not yet reached the point of believing that operations in these cases save life.

Then again is it not true that we are reaching the point where we must admit that the intermediate operation for relapsing appendicitis is an established procedure in surgery? But are we yet on solid ground in reference to our cases of acute, perforative appendicitis? Is the general practitioner yet in a condition to diagnose such cases, able to make a prompt, early diagnosis, and have we any array of statistics that will warrant the abdominal surgeon in making an immediate operation, treating these cases as we would bullet wounds of the intestines? When we consider the important part acted by certain microorganisms, such as the bacillus coli communis, when we realize how rapidly septic peritonitis takes place in the vast majority of these cases, we stop, as it were to ask ourselves the question, have we as yet had any of these cases recover, following ever so early an operation? This is the branch of appendicitis, it seems to me, in which we have much to consider. Advances have yet to be made. Are the middle-aged and elderly members of the family of general practitioners willing to allow the operation done so promptly, even though they have made the diagnosis? Have we yet sufficient statistics that we can hold out any encouragement to the friends of the patients, *have we anything yet*, as abdominal surgeons, to encourage ourselves in the operation, in these dreadfully acute cases? I mean these intensely acute, septic cases of perforative appendicitis. There is, in these cases, little warning; the wound is made; the contents of the intestinal tract are in the cavity of the peritoneum with the first exclamation of pain.

The general practitioner is, without doubt, making a more early and correct diagnosis in these cases. The sad case I have just reported was diagnosed at once by the middle-aged, able practitioner in charge, and could he have reached a surgeon, and had his own way, he would have had an operation that night, so certain was he of his diagnosis.

There is one condition that is yet to the general practitioner a somewhat unexplored field. Heretofore, that is up to within a few years, where the diagnosis has been made, they

have looked upon a certain class of patients as almost hopeless. I refer more especially to patients suffering from tubercular peritonitis. Abdominal surgery has done much, very much for these cases. While the pathology is not yet absolutely settled, yet we know from clinical experience that drainage cures a large proportion of these cases and that they can be reached in no other way. I think they, too, belong to a classification in which the general practitioner and surgeon should come more in contact with each other in their examination, than has been the case in the past.

In pelvic surgery, that which comes under the observation and control of the abdominal surgeon, there is a great responsibility resting upon the general practitioner in keeping in close touch with his consultant.

It is now more than thirty years since the French pathologists, Bernitz and Goupil, gave to the profession the results of their pathological investigations, relating to pus tubes and suppuration of the uterine appendages, yet observe how slow we have been as operating surgeons in making use of their studies. One feels as though our dear old professor had been also lecturing upon that subject, but now we know that there is no portion of the abdominal cavity that requires better diagnostic skill, better judgment as to operation or no operation, than the pathological conditions that are to be found within the pelvis, but even these difficult problems are being solved, and the profession at large greatly benefitted by the earnest, untiring work of the men who make this their special labor.

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### **Colony for Epileptics in New York State.**

The Legislature of New York State has passed and the Governor signed the bill establishing a Colony for Epileptics in that State. The Colony is named after the late Oscar Craig, President for some years of the State Board of Charities. The bill provides for the purchase of a tract of 1,875 acres of beautiful land in the Genesee Valley, near Mount Morris, in Livingston County. This tract is all in one piece, well watered by brooks, and consisting of fine

fields, woodland and orchards, and already provided with picturesquely grouped buildings to the number of thirty-five. It has been a colony of the United Christian Believers for twenty or thirty years, and is, therefore, perfectly adapted to its new use. The law requires that all of the buildings put up should be on the village plan. A Board of five Managers is provided for, and these have already been appointed. The Managers serve without salary and meet at the Colony once or oftener monthly. The Governor appointed as the Board of Managers: Dr. Frederick Peterson, of New York; Mrs. C. F. Wadsworth, of Geneseo; George M. Shull, of Mount Morris; Dr. Charles E. Jones, of Albany, and W. H. Cuddeback, of Buffalo.

An important provision in the bill is that the Managers may accept any bequests of persons interested in the welfare of epileptics, and it is believed that many charitable wealthy people will build cottages upon the splendid sites on the tract to bear their names and exist as lasting memorials to their desire to serve humanity in this wise. A medical superintendent, steward, matron, pathologist, nurses, school teachers, teachers of various industries and arts, and so on, are to be appointed as needed; but the Colony will not be ready probably to receive patients before the autumn of 1895. It is thought that the Colony will ultimately number fifteen hundred to two thousand members. As soon as possible the six hundred epileptics in the county almshouses will be taken in charge. Later private patients will be received at prices corresponding to the accommodations asked for. It is sure to become self-supporting in the course of time, and to grow into an industrial and agricultural village that will more than rival the similar and famous Colony at Bielefeld, Germany, upon which this is, to a certain extent, modeled. At their organization in Albany, on the 3d of May, the Board of Managers made Dr. Frederick Peterson, of New York, President, and George M. Shull, of Mount Morris, N. Y., Secretary of the Board.

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**Deaths from Carbolic Acid in England.**—Between February, 1892, and November, 1893, there were two hundred and thirty deaths in England due to taking carbolic acid. One hundred and seventy-four were suicidal.—*Medical Record.*

**Absorption and Secretion in the Stomach and Their Artificial Stimulation.**—(Zeitsch. f. Biol. N. F., 19, S. 277.) By Brandl.—This author conducted his experiments by the methods first used by Tappeiner, that is, he made a fistula in the neighborhood of the pylorus, and through this drew out the contents of the stomach by means of a compressible rubber ball. The experiments of Tappeiner demonstrated the fact that by increasing the concentration of a watery solution, or by adding thereto a slight amount of alcohol, the rapidity of absorption was increased. Brandl demonstrates that in both cases the irritation and the hyperæmia of the mucous membrane are the cause of this increased absorptive power. The following table, in which the percentage of fluid absorbed in two hours' time is comparatively shown, demonstrates the fact most explicitly. The amount of solution used was one hundred and fifty cubic centimetres:

Solution employed.	Percentage absorbed in two hours.		
	Five per cent. Sugar Solution.	Five per cent. Sugar Solution.	Three per cent. Sodium Iodide.
Water, pure. . . . .	2.0	2.7	2.2
Water, 20 per cent. alcohol. .	9.0	10.7	10.2
Water, 20 per cent. salt . . .	.7.0	..	.
Water, one-half drop mustard oil	..	..	14.0
Water, two drops of peppermint	14.0	13.0	..
Water, O. 4 per ct. white pepper	9.3	..	..
Water, O. 15 per cent. hydro- chlorate of orexine. . . . .	38.8	6.9	..

The alcohol showed its stimulative power in that it was absorbed within the two hours. In opposition to the belief in bitter stomachics, it was shown that, although they produced irritation, they did not produce quick absorption. The emollients calmed the irritation produced by the concentrated solutions and their absorption; for example, of a 5 per cent. solution of sodium iodide 11 per cent. was absorbed in two hours, while an emulsion of the same only lost 0.3 to 1.6 per cent. in the same time.—*International Medical Magazine.*

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HOWARD VAN RENSSELAER, PH. B., M. D., EDITOR.

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### ANNOTATIONS.

**Emergency Splints.**—The railway surgeon can make good use of his worn-out trousers these hard times if he will go to the pains to have them washed and sterilized, and then use the following preparation, which should be painted with a brush over the one side (of course always put the best side out): Alcohol,  $1\frac{1}{2}$  pints; gum shellac, 1 pound; borax, 1 drachm.

Place the vessel containing this in a kettle of hot water and let it remain until thoroughly dissolved, then apply with a paint brush to the one side of any woolen goods. Place in opposition the two wet or painted sides and dry the solution into the goods by a hot fire. Additional layers of goods can be used if desired, but for the ordinary case two plys of woolen goods or of half woolen or cotton is sufficient.

The drying process can be assisted very greatly by laying the goods on a table after having placed the two painted sides together, leaving the outside dry and running over that with a hot iron. After you have done this, paint the one side with the above preparation and get any ordinary light "fleeced goods," which can be procured at almost any dry-goods store, paint the plain side of the fleeced goods and glue that on to the painted side of the woolen goods already prepared. This can be soon completed by running a hot iron

over, the same as before. Now you can have a woolen board so to speak, of two-ply woolen or cotton and woolen goods and a ply of fleeced goods, which is ready to hang up in your office for use.

When you have a fracture of any kind needing a splint all you have to do is to take the size of the limb and the shape of the parts to be covered with the splint, and by running a hot iron over this splint it is immediately softened and can be cut and applied to any part of the body very accurately and with the fleeced side in. It makes a very comfortable, durable and practical splint, which only needs to be held in place by a roller bandage and in a few minutes dries and holds the parts in complete apposition without weight or becoming irritated to the parts and, above all, is cheap. easily made, readily applied and can always be had at hand ready for any case of emergency.—*Railway Age*.

**Destruction of Bacteria by Infusoria.**—Dr. D. H. Atfield made, some months ago, in the Hygienic Institute of Munich, a series of experiments for the purpose of determining the relation of infusoria to bacteria (Modern Medicine). His experiments were made with water from the River Isar. Specimens were collected below the opening of one of the main sewers of Munich, and others above the exit sewer. The specimens taken below the sewer were marked "A;" the ones from the river above the sewer were marked "B." The specimens collected below the mouth of the sewer were found to contain great numbers of infusoria, while those taken above the sewer contained very few, or apparently none. The germs contained in each specimen were carefully counted when they were collected, and again at the end of six or eight days. In one instance "A" was found to contain 637,000 bacteria per cubic centimeter ( $\frac{1}{4}$  dram), while specimen "B" contained but 5,900 bacteria per cc. At the end of five days specimen "A" contained only 1,200 per cc., while specimen "B" contained over 2,000. It thus appeared that the infusoria had consumed nearly all the bacteria in specimen "A," reducing their number in the proportion of 500 to 1, while

the bacteria in specimen "B" had decreased only in the proportion of about 17 to 1.

In another experiment, specimen "A" was found to contain 3,000,000 bacteria per cc., while specimen "B" contained but 700 bacteria per cc. At the end of ten days, the bacteria in specimen "A" had been consumed by infusoria to such an extent that only 13,200 per cc. were found, the 700 bacteria per cc. had increased to 121,500 per cc.

It will be seen by these experiments that infusoria play a very important part in the purification of water.—*Medical Review*.

**Statements and Facts to which Physicians Cannot Testify.**—In an action to recover for personal injuries, a physician cannot testify to statements made to him by the party suing, when the latter calls on him after the suit is brought in order to give him such information as will enable him to testify as an expert at the trial. Neither can he testify as to the nature of an internal injury received six months before, and which has since been healed. So holds the Supreme Court of Errors, of Connecticut, in the case of Rowland *vs.* Philadelphia and Baltimore Railway Company. In this case the witness had been told by the party that his ribs had been broken, but had healed. With regard to this, however, it was held that he could not testify for either of the reasons given.—*The Inter. J. of Surgery*.

**The First Signs of Locomotor Ataxy.**—According to Prof. Fournier, the first symptoms ataxy may be classed as follows:

1. Sign of Westphal.
2. Sign of Romberg.
3. The "stairs" sign.
4. Crossing of the legs.
5. Walking at the word of command.
6. Standing on one leg.

1. Westphal's sign is well known; it consists in the abolition of the patellar tendon reflex, and is present in two-thirds of the cases.

2. Romberg's sign can be thus appreciated: The eye is an indirect regulator as to motion; it helps to correct deviations in walking and maintains the equilibrium. When a patient is suspected of incipient ataxy, it will often suffice to make him close his eyes when in the erect position to verify the diagnosis. In a few instances his body will oscillate, and if the malady is somewhat advanced he will be in danger of falling.

3. The "stairs" system.—One of the first and most constant symptoms of incipient locomotor ataxy is the difficulty with which the patient will descend stairs. If questioned closely on the subject, he will say that at the very outset of his malady he was afraid of falling when coming down stairs.

4. The manner in which a patient crosses his legs is often significant. In the normal state a man, when performing that act, lifts one leg simply to the height necessary to pass it over the other, whereas in the affection under consideration he lifts it much higher than necessary, describing a large segment of a circle.

5. Walking at the word of command.—The patient seated is told to get up and walk instantly. After rising he will hesitate, as if he wanted to find his equilibrium before setting off. If, while in motion, he is told to stop short, his body, obeying the impulsion, inclines forward as if about to salute, or, on the contrary, jerks himself backward in order to resist the impulsion forward.

6. The patient is asked to stand on one leg, at first with his eyes open, afterwards closed. Although man is not made for this position, yet he can balance himself pretty firmly for a little time. The ataxic will experience a great deal of difficulty and will instinctively call to his aid his other foot so as not to fall. If his eyes are closed he will not be able to stand one instant, and if not held would fall heavily to the ground. Such are the symptoms of incipient locomotor ataxy. They will not be all present frequently, but they should be all sought for in order to avoid an error which might have grave consequences.—*Columbus Med. J.*

**Utilizing High Animal Temperature.**—A woman, in Ohio, utilized the high temperature of her phthisical husband for eight weeks before his death, by using him as an incubator for hen's eggs. She took a number of eggs and, wrapping each one in cotton batting, laid them along side the body of her husband in the bed, he being unable to resist or move a limb. Fifty was the number of eggs first used as an experiment, and after three weeks she was rewarded with forty-six lively, young chickens. The happy result of the first trial prompted her to try it again; and this time she doubled the quantity and was again rewarded for her ingenuity with another brood of chickens. Another hundred eggs were placed in the bed, but this time her husband was so near the end that the necessary heat was lacking, and he passed away leaving behind one hundred half-hatched chicks. The scheming wife, not to be outdone in her plans by grim death, placed the eggs in the oven, thinking to finish the work her husband failed to complete. During the bustle and excitement of the funeral, however, she allowed the fire to get too hot, and the eggs were all cooked. It is to be hoped that there is no incubator awaiting her in this world at least.—*Med. Record.*

**Sulfonal.**—In reviewing the progress in therapeutics during the year 1893, in the Annual of the *Universal Medical Sciences*, Drs. J. P. Crozer Griffith and David Cerna write as follows regarding Sulfonal: “One of the best contributions published during the last year on Sulfonal as a sedative and hypnotic is that of Carlyle Johnstone. The author divides the subject into three parts as follows: (1) the effects produced by single doses; (2) those produced by doses repeated at intervals of forty-eight hours; (3) those following doses repeated at intervals of twenty-four hours, or more frequently. The mental condition of all the patients was impaired. 1. Fifty cases were treated with single doses. Between thirty and forty grains were found to be the most suitable average dose. The interval between the administration of the drug and the occurrence of sleep averaged about three hours; no excitement occurred before sleep. The average duration of

sleep was seven hours and, in the majority of cases, was tranquil and natural. As a rule, the patients awoke feeling refreshed; but in about one-fourth of the cases there was a tendency to sleep during the succeeding day. In eighty per cent. of the cases the action seemed to last through the second night. The effect on the various functions was invariably negative. 2. Doses repeated every forty-eight hours.—By the prolonged use of Sulfonal the hypnotic action became gradually more pronounced, and went on slowly increasing as long as administration was continued. Drowsiness during the day was increased in this way, and, as a rule, there was an improved condition of the patient; it was never necessary to increase the dose. The effect on the various functions of the body was apparently negative, as it was in single doses. 3. Doses repeated every twenty-four hours.—The average dose given was about fifteen grains. After a few days use the patient generally slept better, the hypnotic action becoming more pronounced the longer the administration was continued. Continued doses almost invariably produced a sedative and soothing effect. Within a few days the patients generally became much quieter. If Sulfonal was given still longer the patients generally became sleepy, slothful, were mentally sluggish and, finally, only desired to be allowed to sleep. There were no disagreeable dreams. The author concludes that Sulfonal is an efficient hypnotic, is fairly certain and constant, and produces sleep which is natural and tranquil. It has no injurious action on the circulation, respiration, appetite, digestion or general health. It has a distinct sedative influence on mental excitement."

**The Action of Alkalies on Gastric Digestion.**—Linossier (G.) and Lemoine (G.). *Memoires Originaux*, p. 665.

There is no drug more used in treatment of gastric affections than sod. bicarb, and yet the knowledge of its precise effects is extremely vague. The authors, who had the good fortune to meet with a patient who had the power of rumination at will have carried out an elaborate course of experiments with a view to determine the effects on gastric diges-

tion of alkalies in various doses and at various times before and after a test meal. The test meal consists of beef, bread and water, which is, perhaps, better fitted for the purpose than Ewald's test meal of bread and water only. Small, medium and large doses of sod. bicarb. were given at various times from an hour before to an hour after the meal. By regurgitation enough of the gastric contents was got at definite intervals, and very detailed chemical analyses made, to determine not only the organic and mineral acids present, both free and combined, but also the relative amounts of peptone and propeptides present, and the amount of pepsin, as shown by artificial digestion.

The results obtained are summarized as follows:

- (1) Sod. bicarb. in all doses excites gastric secretion.
- (2) With small doses the excitation continues after the excess of alkali has been neutralized by HCl, and so the chyme becomes richer in HCl.
- (3) With medium doses the excitation is still more prolonged; the maximum of HCl occurs later but is much higher.
- (4) With large doses, such as 10 grammes, the secretory energy of the stomach is exhausted by its attempts to neutralize the excessive alkalinity, and the chyme leaves the stomach with less than normal acidity, the secretion of HCl stopping almost as soon as the alkali is neutralized.
- (5) The maximum of HCl occurs two hours after a dose of 5 gm., three hours after a dose of 1 gm., and four hours after a dose of 5 gm. sod. bicarb.
- (6) The presence of sod. bicarb. favors the production of the acids of fermentation, that is, until normal activity is recovered again, and sometimes even after this.
- (7) The exciting action of sod. bicarb. is greatest and most prolonged when given in doses of 5 gm. an hour before the meal. A dose of 1 gm. is too little and 10 gm. too much. A dose of 1 gm., given an hour before the meal is the only dose which in these experiments seems to have lessened the production of acids of fermentation.

(8) Given an hour after the meal, a dose of 2 gm. only momentarily affects the acidity, and is not followed by excitation; a dose of 5 gm. suspends digestion for a time, but an hour afterwards there is a moderate acidity; a dose of 10 gm. also for a time suspends digestion, but in another hour enough fresh HCl has been secreted to neutralize all the sod. bicarb., though in the effort to do this the mucosa seems to become exhausted, and normal acidity is not again attained.

(9) As far as saturating the acidity and exciting secretion goes, calcium carp. acts just like sod. bicarb., but though the amount of acid secreted is the same, there is less in the free state after calcium carb.; therefore calcium carb. is preferable in cases of hyperchlorhydrie; on the contrary, the acids of fermentation seem to be more abundant after calcium carb. than after sod. bicarb.

(10) The action of sod. bicarb. is not confined to the day on which it is given, for when it has been given several days the secretory activity caused by it continues for several days longer.

The authors slightly point out that these results have all been got with one patient who suffered from hypochlorhydrie, and hence they need further confirmation. On the question how is sod. bicarb. able to exert these influences? there is but little to add. It would seem as if the gastric mucosa always endeavored to maintain a definite percentage of acidity of the fluid in contact with it. If sod. bicarb. is given, the glands at once set to work to neutralize the alkali; if HCl be given, then the glands cease secreting acid, and hence the success which has attended the treatment of gastric ulcer by giving HCl. This is, of course, no explanation, it is merely stating in other words that acids inhibit secretion of acid, while alkalies stimulate the secretion of acid.—*Med. Chronicle.*

**Salophen as an Analgesic and Anti-Rheumatic.**—It has been long recognized that, while salicylic acid and its salts are among our most valuable remedies in rheumatic affections, they are possessed of certain objectionable features

which contraindicate their use in many cases. Patients with sensitive stomachs are frequently unable to take them, because of their tendency to produce nausea and vomiting, while in the feeble and anaemic, especially those with weak hearts, they are apt to produce dangerous symptoms. Violent headache, buzzing in the ears, dimness of the vision and vertigo are also commonly observed during administration of the salicylates. When the enthusiasm attending their introduction had therefore subsided and their disadvantages were recognized, efforts were made to find a substitute which, while equally efficient, should be devoid of unpleasant and serious effects. During the past two years a drug named salophen has been brought to the notice of the profession, which is regarded by those who have investigated its properties as a safe, reliable and effective anti-rheumatic and analgesic. An exhaustive monograph on salophen has recently been published by Dr. Miller-Darier, in which, after a careful review of the investigations of other observers and an account of his own experience, he presents the following conclusions: 1. Salophen promptly relieves the symptoms of acute and articular rheumatism, especially the pains. 2. It possesses all the advantages of the salicylates without their disadvantages. 3. As it decomposes only in alkaline fluids it does not disturb the gastric functions. 4. It is not toxic except in extreme, non-medicinal doses. 5. It is a good analgesic in nervous affections. From the testimony of American and European clinicians it would therefore seem that salophen is a most valuable acquisition to the *materia medica*.

**What Becomes of Women Medical Students.**—A correspondent of the *Lancet* writes as follows on this subject: The figures quoted from the *Revue Scientifique* with regard to lady medical students at Geneva have led me to examine the statistics of the London School of Medicine for Women, and the comparison may not be without interest. In the first fifteen years from the foundation of the school, 1874 to 1888 inclusive, 190 students entered for the full course. Of these,

159 have qualified, 32 abandoned their studies and 9 are still students. Of the students who entered in the two following years, 1889 and 1890, the majority have not yet had time to qualify, but the statistics are as follows: Sixty-four students entered; 6 of these have fallen from the ranks, 7 have already qualified and the remainder are still working for their examinations. Thus, in all, 38 students, or 14 per cent. of the whole number, have given up work; 14 did so on their marriage, 6 from ill health and the remaining 18 for various reasons. Of the 166 students who have qualified, 9 have died, 129 are known to be in practice, and 28, or about 14 per cent., have relinquished their profession. It would be interesting to know what relation these figures bear to those of other medical schools. In Sir James Paget's well-known article, "What Becomes of Medical Students?" in St. Bartholomew's Hospital Reports, I find that of the 1,000 students whose history has been investigated by him, 8 per cent. never qualified, and at least 8 per cent. of those who qualified left the profession within twelve years. These percentages are, it is true, considerable smaller than the corresponding ones for the London School of Medicine for Women, but, considering the different conditions which apply to women and how frequently marriage or the claims of relations are impediments to further progress, it can hardly be said, whatever be the case at Geneva, that women medical students in England are lacking in steadfastness of purpose or devotion to the work they have undertaken.—*Medical Review*.

**Dr. E. L. Trudeau**, of Saranac Lake, has been given \$10,000 with which to build and equip a laboratory for the experimental study of tuberculosis. He has, as well, a fund of \$1,500 per year for carrying on the work. With such a scientist as Trudeau at the head we shall expect tangible additions to our knowledge of this most important subject.—*Medical Record*.

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## REVIEWS AND BOOK NOTICES.

**A Clinical Manual.**—A guide to the practical examination of the excretions, secretions and the blood, for the use of physicians and students. By Andrew McFarlane, A. B.,

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M. D., Instructor in Neurology and Diseases of the Chest in the Albany Medical College, Physician to Out-patients' Department St. Peter's Hospital, and Physician to Albany's Hospital for Incurables. G. P. Putnam's Sons, 27 West Twenty-third street, New York City.

**Clinical Diagnosis.**—By Albert Abrams, M. D. (Heidelberg), Professor of Pathology, Cooper Medical Institute, San Francisco, Cal.; Pathologist to the City and County Hospital, San Francisco; author of "A Synopsis of Morbid Renal Secretions," etc.; President of the San Francisco Medico Chirurgical Society (1893-1894); President of the Alumni Association of Cooper Medical College (1888-1889). Third edition, revised and enlarged. Illustrated. E. B. Treat, 5 Cooper Union, New York City, 1894. Price, \$2.75.

These two works on the same subject have appeared almost at the same time. McFarlane's book considers the urine, the stomach contents and other pathological fluids and pathogenic bacteria.

The topics of this work are more restricted than the following by Abrams. The subject common to both are quite similarly treated, the explanations, however, of McFarlane's being for the most part more complete. In this book the information given is brought up to date, is strictly accurate and any special heading sought is readily found, making it an excellent book for quick reference.

Abrams' work covers more ground than McFarlane's, as it considers all that the former does, and in addition has chapters on the examination of medical cases, temperature, respiratory system, the heart, arteries and veins, the pulse and sphygmography, the blood, the digestive system, genito-urinary organs, the nervous system and parasites. An appendix discusses diagnosis of the nervous system, diseases of the skin, intestines and peritoneum, bacteriological diagnosis, the employment of drugs in diagnosis and recent methods of diagnosis.

Where it is attempted to cover so broad a subject in a book of 250 pages, the descriptions and explanations must necessarily

be much curtailed or absent, and such we find in certain sections to be the case. As an instance, there is no mention made of auscultatory percussion as an aid to diagnosis, and the little that is said on the sphygmograph does not make the subject at all clear; it does not show the mode of its application, nor does it demonstrate its practical utility.

On most subjects, however, it will be found a convenient and concise reference book on clinical diagnosis.

**The Oath of Hippocrates.**—I swear by Apollo the physician, and Æsculapius and Health and All-Heal and all the Gods and Goddesses, that according to my ability and judgment I will keep this oath and stipulation—to reckon him who taught me this art equally dear as my parents, to share my substance with him and relieve his necessities if required; to look upon his offspring on the same footing as my own brothers, and to teach them this art if they shall wish to learn it, without fee or stipulation; and by precept, lecture and every other mode of instruction I will impart a knowledge of the art to my own sons and those of my teachers, and to disciples bound by stipulation and oath according to the laws of medicine, but to none others. I will follow that system of regimen which, according to my ability, I consider for the benefit of my patient, and abstain from whatever is deleterious and mischievous. I will give no deadly medicine to any one if asked, nor suggest any such counsel; and in like manner I will not give to a woman a pessary to produce abortion. With purity and holiness I will pass my life and practice my art. I will not cut persons laboring under the stone, but will leave this to be done by men who are practitioners of this work. Into whatever houses I enter I will go into them for the benefit of the sick, and will abstain from every voluntary act of mischief and corruption, and, further, from the seduction of females and males, of free-men or slaves. Whatever in connection with my professional practice, or not in connection with it, I see or hear in the life of men, I will not divulge, as reckoning that all such should be kept secret. While I continue to keep this oath unviolated may it be granted to me to enjoy life and the practice of the art respected by all men in all times! But, should I trespass and violate this oath, may the reverse be my lot!—*John Hopkins' Bulletin.*

# Medical Society of the County of Albany.

Annual Meeting second Tuesday in May. Semi-Annual Meeting second Tuesday in October. Stated meetings held Wednesday evenings in Alumni Hall, at least once a month from October to May. OFFICERS.—O. D. BALL, PRESIDENT; R. BABCOCK, VICE-PRESIDENT; J. W. DROOGAN, SECRETARY; W. H. HAPPEL, TREASURER.

CENSORS.—H. BENDELL, M. J. DWYER, G. E. LOCHNER, W. H. MURRAY, C. H. MOORE.

## List of Members, together with their Addresses and Office Hours:

Abrams H. C. Newtonville	Lochner G. E. 1 S. Hawk, 8-9, 2-3, 7-8
Archambault J. L. 56 Congress, Cohoes, 8-9, 1-3, 7-9	Lyon G. E. West Troy, 8-10, 5-7
Babcock R. 59 Eagle, 8-9, 1-3, 7-8	McAllister J. D. 78 Hudson av. 8-9, 12-3 6-8
Bailey T. P. 95 Eagle, 9-10, 3-4, 7-8	Macdonald W. G. 27 Eagle, 8-9, 2-3, 7-8
Bailey W. H. 1 Washington av. 8-9, 3-4, 8-9	McCulloch C. C. 351 S. Pearl, 9-10, 2-3, 8-9
Balch L. 14 Washington av. 8½-9½, 2-3½, 7-8	MacFarlane Andrew, 239 Hamilton, 8½-9½, 2-3, 7-8
Ball O. D. 691 Broadway, 9-10, 1-3, 6-8	McHarg M. 787 Madison av. 8-9, 1-2½, 7-8
Barker J. F. 54 Clinton av. 9-10, 2-3, 6-8	McNaughton H. G. 3 S. Hawk, 7-11, 3-7
Bartlett E. A. 20 S. Hawk, 8-9, 2-3, 6-7	McNaughton Wm., West Troy
Becker H. New Salem, 8-9, 1-2, 7-9	Mereness H. E. 184 State, 1-3, 6-8
Beckett T. 276 Washington av. 7-9, 1-3, 6-10	Merrill C. S. 23 Washington av. 12-4
Bendell H. 178 State, 1-5	Miller H. 295 Lexington av.
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## “On Doctors in General, and one Doctor in Particular.”

BY ALBERT L. GHON, A. M., M. D., MEDICAL DIRECTOR, UNITED STATES NAVY.

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When I accepted the invitation to say something to the members of the graduating class, I had not stopped to ponder upon the seriousness of the undertaking, and I began to wonder what I should say that might not be so dull and prosy that you would not wish I had never come. Something novel might do, but a certain reputedly very wise man has declared that there is no new thing under the sun; something amusing then, but Mark Twain and other professional humorists have appropriated that field, in which an amateur would surely fail; something interesting, but how can one judge whether he interest his hearers or not until he sees them get up and leave the room? At least then, something instructive, and not daring to resent the implication that age has its obligations in that direction, I have scraped together out of my three-score years of experience something about my own craft that may pass for wisdom, since those of you who know the contrary will not be apt to peach upon me. A few words then about doctors in general, and one doctor in particular:

There are two words in the English language that have fallen from their once high degree to become the tawdry decorations of Tom, Dick and the Devil. There was a

time when the captain was a mighty man — the caput — the head — when to be “the foremost captain of the time” was to be a greater man than the king himself — and in the navy the delusive fiction prevails with many other fictions of the past that are not so pleasing and delusory, that the name can still do duty as an appropriate designation above the more significant one below it of “commander,” although it puzzles the outside world to understand why a so much bigger fish than the military hero of the same title, and though by dint of gold lace and grayer hairs or fewer of them his headship is sought to be bolstered higher, the effort fails when “Hilloa, Cap,” salutes him as it does the knight of the New York Tenderloin or the red-nosed potentate of the narrow water-ways of the interior.

So, too, has fallen from his high estate of wisdom he who was *doctoratus*, learned in medicine and everything else — and “Doctor” has come to be the isonym for the vendor of patent medicines, the extractor of corns and the restorer of lost virility in thirty days or no charge. Thus, “Doc” greets “Cap,” and the mighty man of valor and the haughty man of science are lost in the same crowd in which valor and science are unknown quantities.

With this prologue, let us ask ourselves: What is a Doctor? Setting aside the D. D. individual, (these are capital letters and not from the lower case parted by a hyphen) in white necktie and solemn demeanor, who asks you if you ever think of your latter end, and the stern-visaged boss of college faculties as well as students, who rejoices in one letter more after his name, the Doctor *par excellence* (the excellence, I admit, often only figurative) is a man whose function in this world, as the world commonly esteems it, is to look at your tongue, feel your pulse, ask about your bowels, and, if you are a woman, when you were unwell, and then write a prescription, for which he expects a fee — without always getting it. He is a man who gives you medicine — his ability to do this safely being a matter entirely of your own determining, his acquire-

ments being measured solely by your own estimate, influenced perhaps by the more or less interested gossip of friends, usually female. You hire him by the job and pay him, grudgingly or not, as you think you get the worth of your money—the amount of money, in fact, rarely being *quid pro quo*. Should he be honest—which in civil life is not always the best policy—and recognizing the ailment as trifling, dare to say so, he need expect no fee, while he might have earned a goodly one, as the homeopaths do, by a routine round of questioning and the announcement that you had come just in the nick of time to ward off threatened diphtheria, pneumonia, typhoid fever, nervous prostration, malaria or suppressed scarlet fever by a prescription valued in proportion to its cost. The instance is recent of an accomplished practitioner, called to visit a long-time invalid, to whom he was introduced in darkened chamber by stealthy step and subdued voice, who threw open the windows, letting in air and sunshine and got the patient out of bed, ordering her an appetizing meal and giving his orders in cheery tones, who was thanked for his kindly visit and was told, "Well, Doctor, I suppose I need not ask you what your fee is, since you have not had to give any medicine." It is the mysterious prescription that carries conviction and the astute apothecary, who charges a quarter of a dollar for every ounce of distilled water it contains, sets his seal upon the Doctor's professional value. Oh! foolish men and women, who have more faith in pills and potions than in the counsel of the wisest physician! "You have not felt my pulse." "No, Madame, I do not care to feel your pulse." "You have not looked at my tongue." "No, Madame, I have no desire to see your tongue." "Then I don't believe you know anything about me, and besides I am a homeopath," exclaimed the wife of a great general to me one day, in whom I recognized a nervous attack without aid of pulse or tongue or bowels—an attack that quickly vanished without even my placebo, under the excitement of anger at my nonchalant independence—indeedness that, had I been in civil practice, would have

cost me not only the handsome honorarium her husband would have paid me, but many another from the husbands of other wives to whom she undoubtedly recounted the evidence of my ignorance and brutality.

But women are not the only giddy flies who are allured by the glaring colored lights of the corner drug-store — and that, if you please, you may consider the instructive part of my discourse. My friend, Commodore Meade, reminded me of a collection of quack advertisements which, when as colleagues on the Board of Inspection of the Navy we traveled over the country together, I culled from the pages of reputable newspapers, especially those of local rural circulation and which were read by a gullible public from the first column to the last. They would have proved an interesting recital, but unable to get immediate access to my album of this literature, I have clipped a few excerpts from very respectable papers that have come under my eyes within the past few days, and I read how Dr. —, graduated so and so, with over twenty-five years experience, a surgeon specialist, whose practice is limited to diseases and weaknesses of men only twenty varieties of which are specified, one of them in very black type, assures the readers of this paper that, no matter how induced, they can be positively cured by him in a few weeks, age being no impediment, and no failures. In the same column, in smaller type, a rival Doctor tells you to send him five 2-cent stamps for his book, alluringly entitling it "Truth." A third displays a series of photographs, exhibiting a typical sufferer at the beginning of treatment, and at the tenth, twentieth and thirtieth or final day of his complete restoration; and still a fourth guarantees to make the victim of the errors of youth vigorous and strong.

In another paper, the morning reading of respectable families, I find a pictorial representation of a stooping, sad-faced, melancholy specimen of a weak man, a second of him at the end of the first week of treatment, which is also guaranteed "to enlarge small, weak organs," and a third of him, at the end of the second week, transformed into a smooth-cheeked,

smiling, robust young man, presumably rejoicing over his larger and stronger organs.

"Sexual Power" in glaring capitals in a third family paper is promised to be positively and permanently restored in from two to ten days, while a fourth publishes the offer of a free remedy to accomplish the same augmentation in size and increase of power. With so many laborers in the field how appallingly suggestive the number of dwarfed and feeble members in the community!

A fifth paper, after announcing that the glory of man is strength, asks the reader if he or she have any of the following symptoms: "Lassitude, tired feeling, lame back, fatigue after a little exercise, throbbing, irregular beating of the heart, sunken eyes, eruptions on forehead, face or neck, want of energy, ringing in the ears, dizziness, poor memory, spots before the eyes, sleeplessness, constipation, flatulence, diarrhoea, indigestion, rheumatism, neuralgia, insomnia, palpitation of the heart, nervousness, twitching of the muscles, perspiration caused by the least excitement, relaxation of the muscles, chills, etc., etc." It adds: "No one will have all these symptoms, but some of them, and if you have any, our remedy" (which I forbear naming), "the celebrated muscle, brain and nerve food, is the best and most effectual that is known to the medical profession, and through its use twenty years will be added to your lease of life and happiness be brought to your home." Since writing these words, a little eight-page monthly paper, published in Maine, has come to my hand, and distributed over five of its eight pages are twenty-four advertisements of questionable character addressed to men and women promising them absolute relief from their several ailments.

Less objectionably suggestive but scarcely less effectively dangerous are the quasi-medical announcements that profess to deal with disabled hearts, lungs, livers and kidneys, piles, rheumatism or malaria, gout, neuralgia or indigestion. A recent form of advertisement is to blazon in large letters, "Memories of the War-Horrors of Libby Prison," follow-

ing with the purported history of a living cadaver, whom one can not see without regretting he had not died in Libby. The long-haired certifier, who is delighted to see his face in print and get a whole case of medicine without charge to boot, will have his imitators, and the hirsute *Doctor* (for he shares this designation with Loomis, Roosa, Jacobi, Vander-Veer and Ward), who relieves piles or restores virility, will have other dupes and patrons, through the medium of the very newspapers whose editorial pages are full of intelligent counsel and earnest effort for the public welfare. Not one of these would permit itself to be the soil in which anarchists might sow seeds of social disorganization, yet they do not question the right of charlatans to sow seeds of social misery, to publish the trade of the abortionist, or to make feticide possible, and so-called doctors, whom honest men in the profession never countenance, publish their pictures, their pretensions and their promises in conspicuous places, where your sons and daughters may see them—for the same columns that promise to undo men's wrongdoing tell delicate woman how her irregularities may be regulated, and teaches the neurotic, who will show her how to sin without conceiving. Doubtless many of you have noticed the wretched charlatan in academic cap and gown, bushy whiskers and brazen cheek who has displayed himself on the most prominent page of a paper, which has no superior in this country for editorial ability and trenchant wit—and which I read with so much zest that often I take my breakfast cold—about whom I have been seriously asked by men and women of position if I really thought there might not be something in his cures. Another of his kind I know has been visited by very reputable people in my own city. For some years Lydia Pinkham and Mrs. Winslow divided the attention of our mothers in Israel, and many a lusty cherub has, under the influence of the latter's "soothing syrup" forever ceased its midnight squalling in this nether world, or lived in spite of dosing, with an implanted morphia habit to torture it in after life. A young lady who has been for

some years breathing the over-heated, stifling atmosphere of a department room, and twisted her spinal column in her effort to get sufficient light upon her desk to write in the artificial method of her schooldays, when the disfigurement of her body actually began, confessed to me that she had dosed herself, as her friends and advisers had done, with Doctor So and So's "Favorite Prescription" and other nostrums I do not care to specify, at a dollar a bottle, or five dollars a half dozen, hoping, without reason, to neutralize evils, which were keeping up their malefic work *aripassu* with her drugging and which, any intelligent physician could have told her, must be first removed before she could escape their consequences. Those of you who were contemporary with my own earlier days may remember the Magnetic Syrup, which hysterical women and neurotic men hailed as their sheet-anchor and which gave the exhilaration of its hashish constituent to many a rigid teetotaler, to whom the saintly sanction of the convent-made Benedictine and Chartreuse was as abhorrent as the undisguised tipple of Parfait Amour or Crème de Menthe. Something of this blind and reckless self-dosing with patent medicines is due to the desire to escape the physician's fee, for the obliging apothecary salesman is shrewd enough to tender gratuitously his advice that the prettily labeled something in a bottle or the neat, attractive box of something within the sugared pill is just the panacea for every ailment of adult or child; and somewhat to the abhorrence of the hickory-picory, boneset tea, black draught, jimston weed, lobelia and castor-oil, by which our grandmothers sought to exorcise the devils of diseases, which tormented us and them by day and night. So, the road was cleared for the triumphant advent of infinitesimal pellets of sugar of milk and the pretty pink and white confectionery and exhilarating elixirs of the advertising quack.

Unfortunately, they are not ignorant people who are deceived by these professional advertisers. It is not the fact that only untutored *οἱ πολλοὶ* put in the same category

vulgar empiric and physician of repute and look upon doctors, whether of high or low degree, as merely men who possess a greater or less monopoly of mysterious and sovereign antidotes to particular diseases, which they exterminate after the fashion of the rat-killer and vermin-destroyer. The advertising quack appeals to the men and women, who read and write, and his supporters are too often clergymen, who ought to know better, and in a recent instance, a well-known judge. However, was the English nobleman one whit less ignorant, who exclaimed: "What have a man enter my front door who will put his finger up my fundament for a guinea!" Poor lordly fool, who does not know that in that doctor's eyes, my lord or royal highness or mighty ruler sitting at stool is no greater than Hodge or Sambo in the same act which levels all men. The physician's vocation requires him to do, for humanity's sake, loathsome offices, which he undertakes, however repugnant, that he may save a suffering creature, be he king or slave, from pain or death, but king and slave alike can not themselves escape those incidents of their animality on which depend their existence and the propagation of their species. As well let the bestial phenomena inseparable from their being supersede the intellectual, as with the ignorant English lord, see but the one repulsive feature of a vocation, which his own baseness may have induced, and fail to recognize the true lordliness of erudition and knightliness of culture, of which he was himself incapable, though he may have inherited their empty semblance. An English physician, Dr. William Mitchell Banks, professor of anatomy of University College, candidly admits, that "by mere virtue of our profession we do not rank socially with other professions—this in Great Britain of course. The most callow curate with his Oxford B. A., the youngest sub-lieutenant of a marching regiment or gun-boat, who wears Her Majesty's uniform, by mere virtue of his cloth, is taken into any drawing-room in the land. It can not be said that this is the case with the medical man. His profession will not take him anywhere.

He has to make his social position himself. Hence, the additional reason why our whole profession, down to the youngest graduate, should be men of such general culture that their company should be welcomed, not merely by the rich (for of these I make little account) but by all those whose well-trained minds, whose liberal ideas, and whose refined manners constitute them the true society of our country."

In recent years the medical profession has, in a measure, shaken off the load of misconception, which with characteristic lack of self-assertiveness, it has modestly borne. Without literally consenting to enter at the servant's door, it has not defiantly resented the implied limitation of its offices and dignities, but has seemingly acquiesced in the measure of its scope by the same scale and standard, which give full weight to Betsy Prigg's successful management of Mrs. Brown and her baby, and tacitly accepts credit for wonderful cures, in which nature and not itself had any share. So long as credulity is a human attribute there will be admirers and patrons of the trade-doctor, who knows everything and dares do anything, and in whose office is displayed with vulgar conspicuity his price for tinkering a leaky human frame, or patching some wheezy, worn-out engine to do a little more work before collapsing—who was made in a few months for a few dollars out of raw material, which could neither speak nor write English. Gradually, under the requirements of the higher medical education of the day, he is made to give place to the physician (a preferable title since it can not be "*Doc*"-*d*), who, at the close of his career, is still the ardent student of the eternal and illimitable *φύσις* and of the sublime mystery of life and death, and whose art is the all too feeble outcome of the teachings of that science, whose understanding demands the very highest intellectual training. The Vice-President of the United States, at the recent meeting of the New York Bar Association, in Albany, vehemently denounced the supposition that money-getting is the highest aim of those who enter this noble profession of the law. The

profession of medicine stands on still higher ground, and the sciolists and charlatans and their followers, who degrade it to the level of a mercenary trade, are like the venal shysters of the courts, or the pharisees and fanatics whose God is fashioned in their own hypocritical likeness.

Within my own experience, medicine has made marvelous progress. The puke and purge, one time the doctor's handmaids, as the saw and scalpel were then the surgeon's distinguishing weapons, are relegated to subordinate places among the *derniers ressorts* of failure to prevent their use. Austin Flint, the most learned physician of our day, and Samuel D. Gross, the illustrious exponent of modern American surgery, declared only a few weeks before their still recent deaths, that the glory of medicine was not in the skillful treatment of disease, nor in the brilliant performance of an operation, but in the prevention of the disease and the necessity for operation; that the aim of the study of the phenomena of life (which is the true physician's preparation for his work) is to preserve the normal action of the vital functions on which depend the health and happiness of the individual, the progress and prowess of the nation, the propagation and perpetuation of the race in its highest possible physical type. Lord Beaconsfield, at Manchester, in 1872, indicated the present position of the profession, when he said: "In my mind, the great social question which should engage the attention of statesmen is the health of the people, for it refers to all those subjects which, if properly treated, may advance the comfort and happiness of man. A very great man and a very great scholar, two or three hundred years ago, said that he always thought that in the Vulgate that wise and witty king of Israel when he said 'vanitas vanitatum, omnia vanitas,' should really have said 'sanitas sanitatum, omnia sanitas, I am sure that had King Solomon said that, he could not have said a wiser thing." And, adds Professor Banks, "if medicine is to occupy a more prominent position than she has, is it not incumbent on its members to be something more than mere prescribers of physic and

healers of wounds?" Hygiene, once only a subordinate, when not wholly neglected, study,—seldom more than an adjunct to eke out a minor professorship to a recognized value of the tuition fee — has become dominant in every first class college of medicine, and congresses of hygiene and demography, national and international, assemble the brightest intellects in the profession at the world's great capitals, while in every medical congress, the section on hygiene is one of those most largely attended. The inaugural addresses of the presidents of medical associations are attuned to the same theme, and the editorial pages of the leading medical journals abound with sanitary topics. Péau, the greatest of living French surgeons, is president of the Société Française d' Hygiène, and Le Fort, a famous surgeon, well known in this country, lately deceased, was also a zealous sanitarian. With pardonable pride, I claim for the corps with which almost forty years of my life have been identified, as for the medical corps of the army, whose high rank in the profession has never been questioned, the distinction that they have always recognized and taught and fought that their mission was to keep men well, in order that the military arm of the government should be most effective. In their eyes the hospital and sick-bay with the fewest occupied beds best attest the skill and success of the medical officer. The great military leaders acknowledge the part the medical establishments have had in the efficiency of armies and fleets, yet, with strange inconsistency, the medical officers, who have accomplished these results, who have shared danger from the enemy and the greater danger from climate and exposure, whose graves are on battle-fields or at the bottom of the sea, or who sleep with their comrades on the banks of the Lena, and who in life directed the movements of enlisted men and commissioned officers, who obeyed them or were punished for disobeying, are sometimes questioned whether they be officers at all. Nevertheless, the medical officer has always been a significant element in military life. The medical corps of the navy is contemporary with the creation of a

naval force, which first appears on the statutes by Act of Congress, approved March 27, 1794, and is consequently with the line the oldest of the coordinate branches of the naval service. A medical establishment for army and navy conjointly under an officer with the appropriate title of Physician-General was made the subject of special enactment by Congress, approved March 2, 1799, and in the reorganization of the navy, in 1828, the medical department prominently participated. In military and naval clubs, the exclamation "Doctor!" will cause as many heads to turn as "Colonel!" — often the same head responding to either. Perhaps, the confraternity is but natural between the men, whose swords and sabres are stained presumably with blood, and those whose trenchant knives make just as ghastly wounds in quivering flesh—and not only are they *fratres nobiles* in all military organizations, but it is the fact that our two great modern military associations owe their inception to them. Two of the three founders of the Military Order of the Loyal Legion of the United States were physicians. Dr. Samuel B. Wylie Mitchell and Dr. Peter A. Keyser, both of Philadelphia, who, with Colonel F. Elwood Zell, of that same city, on the 15th of April, 1865, immediately after the assassination of President Lincoln, resolved to form an association on the plan of the Order of the Cincinnati, and Dr. Mitchell at once published in the newspapers the call upon the officers and ex-officers of the Army and Navy to assemble and complete the organization. The sole founder of the Grand Army of the Republic was Dr. Benjamin F. Stephenson of Illinois, who died on the 31st of August, 1871, when but forty-nine years of age and whose body lies in the soldier's lot at Rose Hill cemetery, at Petersburg, Illinois. The signal service of the Army is the evolution of still another doctor, Assistant Surgeon Albert J. Meyer and incidentally it is worthy of note that one of the most honored Justices of the Supreme Court of the United States was Dr. Miller, who had been as successful a practitioner of medicine as he was afterwards the learned expounder of the law. The large proportion of medical

men in the Loyal Legion is evidence of the patriotic sentiments of a profession, which, at one time, furnished six of the Presidential rulers of sovereign nations on this Continent, and this very year, the newly elected Vice-President of the Republic of Brazil.

The time is at hand when one of the coördinate executive branches of every enlightened government shall be a Department of Public Health, and I had the honor of presenting at the recent Pan-American Medical Congress held at Washington, a proposition, which was unanimously adopted by the conjoined Sections on Hygiene, Climatology and Demography, and on Marine Hygiene and Quarantine, and reported to the general session of the Congress, by which it was referred to the International Executive Committee, composed of one member from each constituent nation of the Congress, which returned it with its indorsement and direction that it be transmitted as the voice of the Congress to the executives of the several countries represented therein, to the effect that there ought to be and must be in the government of every country a department of public health, of which the precise form of administration may be left to legislation, the indispensable requisites being that it shall be national, that it shall have parity of voice and influence in the national councils, that it shall have independent executive authority under the limitations common to other departments, and that it shall be intrusted to educated and experienced medical men, who alone are competent to assume its responsibilities. Trade, Commerce, Agriculture, Manufactures and Education have their Ministers, but not one of these can reach its highest development without the physical and mental vigor of the people, which only the intelligent supervision of competent medical men can effectively maintain. Baccelli — Doctor Guido Baccelli — the president of the approaching International Medical Congress, administers the onerous duties of Minister of the Interior in the Cabinet of Italy: Doctor Miquel is the responsible Finance Minister of Prussia. Why should not a man of their professional acquirements administer the

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equally onerous and responsible duties of a Minister of Public Health in the Cabinet of the United States and that of every other civilized and enlightened nation? A single preventable epidemic destroys traffic and commerce between nations and paralyzes the industrial occupations of the people. Education is wasted upon enfeebled bodies, and armies and navies are powerless when pestilence attacks them.

A National Bureau has been established that the children of the land may be enabled to solve the orthographic puzzles of the English language, and be taught not to say "I hadn't ought to have went" and "Him and me didn't git none"; how to calculate compound interest on a dollar and fifty-three cents and seven mills at three and one-third percentum for one year, five months and eleven days; and how to bound Oklahoma and Turkestan and give their capitals and principal rivers; but no official voice is raised to enlighten the ignorant mother as to the danger of incasing her young daughter's plastic form in a mold, which displaces her viscera and makes her unfit to bear children and a lifetime burden and expense, instead of helpmate, to her husband; nor to teach the youth that his premature indulgence in tobacco will retard his development and permanently impair his virility for which he will vainly seek relief in Damiana, Mormon Elders' Wafers and other freely advertised nostrums; nor the woman that her trailing skirts pick up germ-laden spittle and filth from sidewalks and street cars and implant disease where the purest chastity is no bulwark; nor you, men of age and authority and prominence, that the bacillus of tubercle and the mysterious still undiscovered germ of syphilis, which you fearlessly encounter in close unventilated street and railway cars, under the blankets and upon the mattresses of sleeping cars and hotel rooms, from indiscriminately used spoons, forks and drinking vessels, are more to be feared and dreaded than the frail microbe of cholera, which you first allow to enter and then waste a fortune in seeking to eradicate. As the repentant sinner who makes the doctor his (or her) father-confessor and through him regains a sound body, will rejoice

in a sound mind and clean spirit, so will the nation whose counselor and guide is the wise physician, escape the horror and ruin of cholera and its more deadly twin, cholera-phobia, and become powerful and prosperous.

I have occupied too much of your time already in what you may consider a vainglorious discourse on doctors in general—and so will briefly, in conclusion, present to you the instance of one doctor, in particular, whose life may be considered exemplary of the place in the scale of social organization a Doctor should fill, and which he did conspicuously fill.

Not quite 150 years ago—on the 24th of December, 1745—on a amall estate belonging to his father, in the township of Byberry, 12 miles north-east from Philadelphia, Benjamin Rush was born. His great-grandfather, Captain John Rush, was a native of England and had served with credit as Captain of Horse in the army of Cromwell and had emigrated to Pennsylvania about the time of its first settlement by William Penn. Young Rush received his A. B. at Princeton, when not fifteen years of age and first intending to study law, he studied medicine, and while still a student translated the aphorisms of Hippocrates, and when but seventeen wrote the only account we have of the epidemic of yellow fever, which prevailed at Philadelphia in 1762. After going through the preliminary grades in medicine, he went in 1766 to Edinburgh, then the most noted school in Europe and after two years, at the age of twenty-three, obtained the degree of Doctor in Medicine, his inaugural thesis, which was commended for the elegance of its diction, being in Latin, and than passed a post-graduate year in Paris. With such a course of preparation, it was to be expected, that his energy, zeal and perseverance would bring him distinction. Contrast these seven years of professional training, with the modern machine method of making doctors, which in spite of the protests of the best men in the profession, State Legislatures have legalized, a duly certified article in regulation white cravat and black suit, having been turned out in anything from six months to two years at a cost of from twenty-five

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to a hundred dollars. The details of Rush's professional history would occupy too much time. Suffice it to say he became a professor at twenty-four in the Medical College of Philadelphia, afterwards the University of Pennsylvania, and during his career of nearly half a century gave instruction to more than two thousand pupils, and I have no little pride in that my own honored preceptor, Dr. Rush Van Dyke, was the son of one, if not the most-favored of these. Pre-eminent as a teacher, he was also eminent as a writer, his printed works filling seven volumes, of which his treatise on Insanity in its medical and medico-legal relations was for seventy years the standard authority on that subject in Europe as in our own country. He was eminent as a practitioner both in private life and in the hospital staff, fearlessly combatting the pestilential diseases that were common in his day, by one of which, endemic typhus, he lost his life in the sixty-eighth year of his age, on the 19th of April 1813, as heroically as any soldier, who ever faced a battery in the front file of a forlorn hope. What greater courage can man show than the incident related to Commodore Meade by his grandfather, whose father, George Meade was Rush's intimate friend, when in order to prove that yellow fever then raging (this was in 1793) was not contagious in the sense of small-pox deliberately swallowed a spoonful of black vomit ejected by a dying patient—true bravery, not mere bravado, since he sought to stay the panic fear, which was slaying its tens when the disease was only killing one—heroism akin to the act of Surgeon Robert D. Murray of the U. S. Marine Hospital Service, who with the spirit of the soldier, who throws his body in the breach, calmly slept between the still warm sheets from which a victim of yellow fever had just been taken! If courage be the attribute of the soldier, who in the heat of battle with martial music and wild hurrahs charges an enemy's battery, what shall that be called which nerves the physician, in the solemn stillness of a pestilence, to enter a crowded yellow fever or small-pox ward, or encounter the deadly deluge of the ejecta of the cholera patient to whom he

is ministering?

With all the demands of his busy professional life, Rush was also eminent as a philanthropic and patriotic citizen, the exemplar of the physician's proper office in public life—an active participant in the events of the memorable period of the nation's birth—a signer of the Declaration of Independence—a member of the Continental Congress, and of the convention which framed the Constitution of the United States—a general officer of the Revolutionary Army, the Surgeon-General and Physician-General of the Middle Department. In later years he filled many positions of public trust, having been the first Treasurer of the United States Mint,—and the Port Physician of Philadelphia. He was a leader in every project of social reform, and as alive to the importance of public health questions as any modern sanitarian; the first President of the Society for the Abolition of Slavery; the advocate of the higher education of women, of the establishment of public schools, of the abolition of the death penalty, of legislation against the abuse of alcohol, of the amelioration of the treatment of the insane. Dr. Morton addressing the Association of Resident Physicians of Pennsylvania Hospital of which Dr. Rush was physician for more than 30 years, extols him "as one of the most notable men of his time," and attributes to him the expression of views "which were half a century in advance of the times." Weir Mitchell, President of the College of Physicians of Philadelphia, emphasized Rush as "the greatest physician this country has ever produced," and Pepper, Provost of the University of Pennsylvania eulogizes him as "the high-spirited patriot and far-seeing reformer and philanthropist, the eloquent teacher and accomplished writer, and above all as the founder of Scientific Medicine in America."

The object I had more than any other in accepting the invitation to address you to-day, was to make you, men of the future of the profession, somewhat better acquainted with the transcendent merits of this great Revolutionary officer, patriot and physician. When the American Medical Associa-

tion met in the city of Washington in April, 1885, I called attention to the fact that among the embellishments of that most beautiful of the great capitals of the world, there were monuments of statesmen, rulers, soldiers, sailors, of a black man and a white woman, of the scientist and the philanthropist, of the discoverer and the teacher, of the painter and the sculptor, the jurist and the divine, but not one of any *doctor*, and I proposed that as *Law* was commemorated by the effigy of Chief Justice Marshall at the approach to the Supreme Court over which he had so long presided and *Science* by that of Professor Henry before the great National Museum, which had been so honored by his charge, that *Medicine* should be symbolized by a memorial of this worthy and supereminent man — because in his person was exemplified the part a physician of the profoundest professional acquirements can fill in public affairs at the most critical juncture — because among the grand heroic personages of the period of the Revolution, of whom Americans entertain reverential pride, Doctor Benjamin Rush was the peer of them all in intelligence, in patriotism, in bravery, dignity and ability — because while our Declaration of Independence and our Federal Constitution endure he, as a signer of the one and an author of the other, is part of the history of the birth of this Republic, “When timid men fell out of the Continental Congress, he was elected to that body, that he might sign the Declaration of Independence and he was the only practising physician whose name is on that energetic arraignment of the Crown.” “Indeed,” says Dr. Benjamin Lee, “the report which as Chairman of a Committee of the Provincial Conference of Pennsylvania he made upon the question as to whether it was desirable for the Congress to declare independence, a report which was adopted and sent to Congress immediately, might be called a rough draft of that memorable document, so completely did it foreshadow all its most important features.”

To the eloquent pleading of my friend Commodore Meade that a statue to John Paul Jones, should stand near the War Department, whose corner-stone he laid in heroic blood, I

earnestly lend my voice, and I beseech you, my young professional colleagues, not to let the merited renown of latter-day heroes blind you, who are citizens as well as physicians, to the deeds of men, who with halters around their necks and the attaint of treason before their eyes, fought the good fight, that by its victories advanced the civilization of humanity by ten centuries. When these long-standing debts — honorable heritages from your forefathers — shall have been paid, it will be time enough to attend to the second, third and fortieth mortgagees.

It is especially appropriate that among the adornments of the National Capital, which every foreigner and those of you who have seen the others, do not exaggerate in declaring to be unrivaled in its beauty, there should be the imperishable memorials of those who established the American nation and in themselves made the name American honorable among men. The natural advantages of site and climate have there been supplemented by a plan of construction that is absolutely unparalleled. Its broad streets intersected by broader avenues bordered by wide parkings and terraces and long lines of shade trees; its open squares, triangles, circles and reservations exceeding in aggregate area the built-up portion of the city and affording admirable locations for fountains, flower-beds, and statuary; its magnificent public buildings, its great museums and libraries; the excellence of the municipal administration; the presence for so large a portion of the year of the representatives of the people in Congress, and the permanent residence of the Executive departments make it especially attractive to our people from whatever section, while the various national organizations of a scientific character, which have been wandering all over the country, are gradually trending towards this as their natural center and home. Here under the ægis of the federal government, they will establish the repositories of their collected works, specimens and trophies, for which they must have a fixed abiding place; here erect the mementoes of the famous men, who have lent them luster, gained renown for themselves and

brought honor to their country. In the language of J. Senator Bayard at the unveiling of the Dupent statute, "Nelson said on the eve of the battle of Abokir, 'Before to-morrow I shall have gained a peerage or Westminster Abbey.' A peerage officers of the United States can not receive, nor have we as yet in our new land a venerable repository for the ashes and memories of our distinguished dead, but there are public buildings and places fit to receive the statutes of those who have well served the republic and no place so proper as that city, which is the seat and center of the government of the United States."

Something has already been done in this direction. Congress has gathered in the Memorial Hall of the Capitol, the statutes of the founders and men of mark of the Republic, each State contributing two of those of its most noted patriots, but with profound regret, I do not find my native State of Pennsylvania represented by this patriot son of her soil, who was the living compeer of Washington, Franklin, Adams and Jefferson.

In Sanderson's "Lives of the Signers of the Declaration of Independence" published at Philadelphia in 1823 is stated: "The loss of no individual in this country, excepting only Washington or Franklin, has been lamented with more universal and pathetic demonstrations of sorrow"—"As a physician he has left upon the age in which he lived the impress of his character and genius: in the minds of his countrymen he holds an undisputed pre-eminence, and amongst foreign nations it is acknowledged that the fame of the illustrious Sydenham has been rivalled by the glory of Rush." Dr. Lee in his centennial sketch of the physicians of the Revolution says: "They were men at all points. Their mental training had been such that they could cope with the great political question of the day with as much ease as with the problems daily presenting in their own science and art. It need be a matter of no surprise, therefore, that we find them as members of the committee of Public Safety, members of Provincial Congresses, members of the Continental Congress,

signers of the immortal Declaration, members of State Legislatures and of Constitutional Conventions, Governors of States, Secretaries of State, Supreme Justices, Major Generals in the Army, in fact, in every possible position where patriotism and integrity were required to be wedded to courage, sagacity and profound learning, as well as occupying those more strictly professional posts of honor and responsibility, Surgeon-General, Physician-in-Chief, and Director-General." "Among them all," Toner observes in his address on "The Medical Men of the Revolution," "Dr. Benjamin Rush stands pre-eminent. His reputation as a teacher and patriot became national, extending far beyond Colonial limits. Indeed his fame like that of Warren of Massachusetts and Ramsay of South Carolina belongs to America."

In Delaplaine's Repository of the Lives of Distinguished American Characters," published at Philadelphia in 1815, only two years after his heroic death, is said: "Considered in relation to the entire composition of his character, as a practitioner, a teacher, a philosopher, and a writer, Dr. Rush must be acknowledged to have been the most distinguished physician that America has produced. In no quarter of the globe has it fallen to the lot of many individuals to occupy so extensive a sphere and to comply with duties so numerous and diversified."

Foreigners have been equally unstinted in their eulogy. Hack Tuke lauds him as the American Fothergill; Lettsom as the American Sydenham. Nutts says: "He has often been spoken of as the American Hippocrates, but perhaps it is unjust to compare him with any one. He was a character peculiar, striking, unique," Zimmerman declares: "Sa conduite a merité que non seulement la ville de Philadelphie, mais que l'humanité entière lui élève un statue,"

Italy has commemorated her great patriot physician, Agostino Bertani, who planned and set in motion the most brilliant of all Garibaldi's military expeditions, that of the Mille, by a monument, conceived since this to our own greater patriot, and it now stands completed in Milan. Nine years have

passed since I broached this proposition, and with characteristic American indifference the 110,000 physicians of the United States have as yet failed to contribute the fifty cents apiece that would have completed a statelier monument than any as yet erected in the Capital of the Republic, in whose founding, he who was illustrious in so many rôles, but was above all a Doctor, had had so great a part. Strange commentary on our Christian civilization that in less than as many days a dissolute songstress, in less than as many hours a pair of brutal pugilists can gather for themselves the money that would have done this honorable thing. Look with burning sense of shame upon those low-bred savage beasts, whose names have been lately in every mouth, and then upon the intelligent, benevolent features of this noble man, who died as he had lived, doing only good to his fellow-men. A solid silver statue to an Irish woman, an actress neither remarkable for brains or beauty, sprang into existence in a few weeks, as representative of American female excellence and loveliness. I do not hope to live to witness the consummation of what has been a labor of love and duty, for I remember that the splendid memorial shaft to the Father of our country, now standing on the banks of the Potomac, which "was begun at a meeting of a few patriotic citizens on the 31st of October, 1833, at which a scheme for raising funds by small subscriptions of one dollar each was matured and laid before the public, was only dedicated while still unfinished on the 22 of February, 1836, when but twenty-eight thousand of the million dollars it was the Society's purpose to raise and expend had been collected and invested. Nine years later a design was accepted and three years after, on the 4th of July, 1848, the corner-stone was laid. It rose to one-hundred and fifty feet and then the work ceased, and for eleven years the unfinished shaft was a constant reminder of neglect and only the approaching centennial of the Declaration of Independence, stimulated Congress to contribute to its completion."

Pardon me, ladies and gentlemen, for having so long

claimed your attention and but a few words more. Commodore Meade has urged that the statute of the foreign-born American soldier, Lafayette, at the south east corner of the Park, which bears his name, shall have its counterpart at the south-west corner, commemorating the foreign-born American sailor, John Paul Jones, and, as it were, overlooking the fraternally conjoined Departments of the Army and the Navy. Let me urge, with equal insistence, that the splendid National Medical Library and Museum, which under the auspices of the Medical Department of the Army has been implanted on that classic ground near the temple and Museum of Science, shall like the latter, have its counterpart in the effigy of its illustrious grand-master, to stand before its doors, so long as it shall stand, greeting the generations of physicians and scientists and military and naval officers, who shall visit those halls from every State of our own Union, and those, who, as years pass, shall be attracted thither from foreign countries, by the fame of the teachers, who shall have been nurtured there. However remote that time, however venerable this now new edifice shall have become, however lengthy the roll of the great and good physicians, who during those future ages shall have graced our history, the name and fame of Doctor Benjamin Rush will remain undimmed and imperishable.

*Young Gentlemen of the Graduating Class:* What I have said this afternoon has had for a first object to cause you to look upon Medicine in its highest aspect — as the most ennobling study which can engage the mind of man — as exalted above all other vocations in its ultimate purposes; its pursuit, therefore, not to be lightly entered upon but assumed with the determination to maintain its prestige and assert its dignity through all your lives. Do not become the Doctor of flippant gossip and caricature — but the true physician — the trusted, honored and revered counselor and friend of man.

My second purpose has been to acquaint you with the history of a physician, who was all this — a physician unexcelled in every phase of his professional career as practitioner,

preceptor, writer and lecturer, — conspicuous as a public-spirited citizen, active participater in the social movements of his day — a leader in every question of public reform. I would have you, like him, a part of your country's daily life — not the recluse of a doctor's office, whose field is limited to the consultation-room, the hospital-ward and the patient's bed-chamber, and whose thought and language smack only of his calling. Be, as he was, physician first — but besides be philosopher, patriot and philanthropist.

With this I cherish the hope that I may have interested each of you to become my active coadjutor in the effort to erect a monument to Benjamin Rush as illustrative of all that is great and good in Medicine, and typifying at the Capital of the Nation the part that our noble profession has had in the foundation and perpetuation of this great Republic.

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**Clemen's Solution.**—The following is the mode of preparation of the liquor arsenici bromatus used in the treatment of diabetes mellitus: Carbomate of potassium and arsenious acid, each one drachm; distilled water, ten ounces, boil until a clear solution is formed; and when cold, add bromine, two drachms; and water, twelve ounces. This is allowed to stand until the color disappears—when it is ready for use. The dose is one to five drops once or twice a day.—*Medical Record.*

**An Abiotic Region.**—Analysis of the air, water and soil of the Spitzergen group of islands in the Arctic region show an extraordinary poverty of bacterial life. While the air of the streets of Paris contain an average of 51,000 bacteria to the cubic meter that the Arctic sea contains only 3 to the meter; and the water of Spitzbergen is not only devoid of any pathogenic micro organisms, but is also entirely from any kind of bacilli.—*Medical Record.*

**The Drinking Treatment for Typhoid.**—Some years ago M. Debove recommended the use of large amounts of water internally in typhoid fever. "I make my patients drink," he said; and this was his chief special treatment. The object was to dilute the fluids of the system and wash out the toxines in the blood and intestinal canal. M. Lichteim adopted this treatment and reports nine successful cases. Recently, M. Maillart, of Geneva, has made an elaborate study of this mode of treatment, reporting fourteen cases in detail of which one died (*Revue de Medicine*, November, 1893, and March, 1894). Maillart thinks that the water-drinking method should be "erected into a special method of treatment." In order to secure the proper results the patient must drink five or six litres (quarts) of water a day. There is no contra-indications for the use of water in this way, for it does not weaken the heart, but has rather the contrary effect. The results obtained are a progressive lowering of the fever, a disappearance of dryness of the mouth, a marked sedation of all the nervous symptoms, and an improvement in the action of the heart and kidneys. There is an abundant diuresis and an unusual increase in the perspiration. Urea is carried off in large amounts. The treatment does not shorten the course of the disease, but simply makes it milder and less fatal. Patients, we are told, take kindly to this method. The typhoid patient takes usually six to eight glasses of milk daily, and if to this are added ten to twelve glasses of water, the diluent effect should be very great.—*The Canada Lancet.*

**French Coffee.**—Those of our readers who contemplate visiting Paris, and are likely when there to indulge in that famous beverage, "French Coffee," may be interested in the fact that a recent number of a Paris journal gives as the composition of French coffee, the following:

"Roasted horse liver, roasted blackwalnut sawdust, and caramel, or burned sugar." The imported French coffee obtainable in this country doubtless has the same composition.—*Modern Medicine.*

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HOWARD VAN RENSSELAER, PH. B., M. D., EDITOR.

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### ANNOTATIONS.

**How to Dress the Cord.**—The cord may easily be dressed without the use of the binder in the following manner:

Supposing that the cord has been safely ligated and severed, a small wad of antiseptic absorbent cotton is wrapped about its entire length, the surrounding surface of skin having previously been thoroughly cleansed in the bath and afterwards dried; the cord is then bound to the abdomen by a small strip of adhesive plaster, one inch wide and six long. The whole affair is allowed to remain in this condition until the time arrives for the cord to have separated, when the plaster is easily removed by applying, for a few minutes, a towel wet with warm water. Should there be any further need of dressing, the same process can be easily reapplied.

The simplicity, cleanliness and ease with which this method of treating the cord is employed at once makes obvious its superiority over the old method of dressing in doing away with the dangerous binder.

A clean, healthy-looking wound will be left after the cord has separated, which, with a second small pad of antiseptic cotton applied for a week longer, insures a satisfactory healing of these parts.—*The Atlanta Med. and S. Journal.*

**The Work of the American Medical Association of San Francisco.**—On the whole, the American Medical Association is to be congratulated on the outcome of the Meeting at San Francisco. The report of the majority of the Revision Committee, both as to the constitution and the code, was overwhelmingly defeated, and while the Association refused to adopt an amendment to the Constitution, of the trustees disapproving their conduct in the matter of the advertisement of nostrums, it also refused to table a resolution bearing on the subject, and referred the matter to the Judicial Council. With the Judicial Council, therefore, the responsibility now rests. While we are not yet informed of the decision of the Council, we are glad to know that they excluded an attempt to drag personalities into the discussion. We trust that the Code question will not be allowed to drop. The sentiment of the state societies and of the associations (members in general) is against revision, and against agitation. There is nothing useful to be accomplished by further discussion. The question of the conduct of the *Journal* is not yet decided, and it will depend upon the course pursued by the editors and trustees during the coming year, whether or not that subject will again be heard at Baltimore. For the present, discussion may well be suspended.—*Medical News.*

**An “Extempore” Operation.**—Just one week after the official announcement of the perfect health of Kaiser Wilhelm II, as detailed in a recent number of the *Journal*, that sensational sovereign submitted to an operation for the removal of an encysted tumor from the imperial cheek. It was gravely explained, soon after, that the incident was entirely fortuitous; Prof. Bergmann having through a misapprehension, appeared at a fete, to which he has not been invited, the emperor, in order to put him at his ease, suggested that he should operate for the entertainment of the guests, volunteering at the same time, to furnish the tumor. Later advices would seem to show that, for an extempore performance, there has been ample preparation made. Prof. Bergman was assisted by Professors Leuthold and Schlange.—*The Journal of the American Medical Association.*

**An Ecclesiastic's Reputation Saved by the Obstetrical Calendar.**—*Lyon Medical* quotes from *Vratch* a condensed version of a story published in the *Medicine Russe* to the effect that a certain Russian curate's wife was confined on December 23d. This occurrence led the villagers to complain to the archbishop, alleging that she must have conceived on the 25th of March (Good Friday), but a physician allayed the scandal by showing by the obstetrical calendar that fecundation might have occurred a week or more earlier.—*N. Y. Med. J.*

**Extract of Bone-Marrow in the Treatment of Anaemia.**—The red marrow of bone being probably the chief agent in promoting the development of red blood-corpuscles, it seemed feasible to suppose that an extract of this substance, if introduced into the human organism whilst in an anaemic state, might act as a stimulant to the formative process and increase the rate of production of the red corpuscles. In adult animals—as the ox—red marrow is limited to the larger bones of the trunk, the thick parts of the skull, and the heads of the long bones; the shafts of the latter contain yellow marrow, which is chiefly composed of fat. In the young animals—as the calf—red marrow is more abundant and may be found in the shafts of the long bones as well as in the parts just named. As the tissue-forming power in the young animals is more active than in older animals, the bones of the former are more preferable as a source of marrow extract. To prepare the extract the heads of the long bones, obtained from recently killed animals, with other portions of bone which contain red marrow, are broken into small pieces and digested in glycerine with frequent agitation. When the extraction is complete—several days being required—the extract is filtered off and is ready for use. It is red or reddish-brown in color, and is devoid of any unpleasant odor. It may be given in teaspoonful doses once or twice a day, either out of the spoon or spread between thin pieces of bread. The first case in which I tried the extract was that of a little boy, the subject of haemophilia. This child had

repeatedly been in the hospital under the care of one or other of my colleagues or of myself for attacks of hemorrhage. On each occasion the bleeding ceased; but the patient never lost the pallor of pronounced anæmia, although he was treated with iron, arsenic, codliver oil, and all kinds of appropriate nourishment. The last time that he was admitted the red corpuscles were counted after the hemorrhagic symptoms had subsided, and were found to be 3,800,000 per cubic millimeter. The patient was then (Sept. 13, 1893) put on marrow extract without any other treatment, and after an interval of three weeks the corpuscles were again counted: they now numbered 4,190,000, and one month later they reached 4,400,000. Coincidentally with this increase there was a marvellous improvement of the appearance of the child; his face acquired an amount of healthy color never previously observed during his many visits to the hospital. In a second case, that of a young woman twenty years of age, with long-standing anæmia, the corpuscles numbered 3,700,000 per cubic millimeter; after taking the marrow extract for three weeks they increased to 4,000,000. She then left the hospital. In another anæmic girl the increase in nine weeks was from 1,350,000 to 3,680,000. A man was admitted for profuse hæmatemesis; after the bleeding ceased, the red corpuscles were found to be reduced to 1,070,000 per cubic millimeter. He was put on marrow extract without other treatment, and when counted on the fifteenth day, the corpuscles numbered 3,050,000. I am indebted to our house surgeons, Messrs. Newby and Brown, for these observations. I am encouraged by these and many other favorable results to direct the attention of the profession to marrow extract as an agent capable of affording, to all appearances, valuable aid in the treatment of anæmia, and also of oligæmia, due to loss of blood from causes such as placenta prævia, hæmorrhoids and wounds.—*The Canada Lancet.*

**Phenacetine and Salophen in combination** were largely used during the spring and late winter months of the present year, and recent reports of medical practice during those

seasons concur in their estimate of the high value of these medicaments in conditions for which various antipyretics united to the ordinary salicylates had been frequently employed. In acute rheumatism the results were brilliant. The combination was perfectly well borne, the pains subsided, within a very few hours, and frequently disappeared entirely on the following day. Temperature returned to normal in from two to three days and tumefaction was resolved in from seven to twelve days, with an occasional refractory case with exudation in which more time was required. According to some reports the effects of phenacetine and salophen was increased by giving bicarbonate of soda in ten grain doses three times daily before meals. In neuralgia and hemicrania, the beneficial results were quite as decided as in rheumatism. While in certain severe gastric disturbances (of a functional character) this combination gave immediate relief. As a prophylactic in the intestinal troubles of the hot season, phenacetine and salophen are of special value, salophen being the best of the gastric antiseptics, while phenacetine is especially useful for modifying the febrile movements and allaying spasm.

**Ferratin as a Tonic and Reconstructive.**—We have been favored with an advance copy of a statistical report of the effect of Ferratin in actual practice, furnished by Dr. Jacquet, of the City Hospital, Basel, an author and specialist of international repute. The report is in the form of a condensed tabulated exhibit, giving age and occupation of patient, date of entry and of last observation, progressive number of red corpuscles in blood, content of hemoglobin, dosage, and general remarks on symptoms, condition and end result in increased weight.

It is an interesting report, and when published will make a deep impression and promote the general introduction of this new food and blood tonic, Ferratin, more than any other statement or report yet published. A few cases may here be detailed, as indicating the thoroughness of the trials and report:

I.—C. D., 19 years, factory-girl; admitted to hospital September 1. Bronchitis chron. foetida; tuberculosis (?) anemia; with headaches, appetite poor, sleeplessness, and pale appearance; red blood corpuscles, 4,262,000; hemoglobin, 47.5. Ferratin was given in 1.0 gm. doses three times daily throughout treatment. After eight days: red carpuscles increased to 4,608,000; hemoglobin to 57.8; no headache; appetite, good; sleep, improved; patient attends to house-work without exhaustion. After three weeks (September 22): left hospital for a visit to the country; general condition good; red blood corpuscles, increased to 5,320,000; hemoglobin to 76.2; total increase in weight, 4.9 kilo (about 11 pounds).

V.—Emily B., 18 years, servant; admitted November 9. Chlorosis; palpitation of the heart, great exhaustion, dizziness, headache, oppression, appetite indifferent; red blood corpuscles, 4,312,000; hemoglobin, 39.5. Ferratin administered in 1 gm. doses three times daily for five weeks. At end of second week: record of constant improvement; still pale; no venous murmur; normal condition very good; excellent appetite. At the end of five weeks: red blood corpuscles, 5,212,000; hemoglobin, 77.6; looks splendid, with rosy cheeks and every appearance of good health; increase in weight, 3 kilo (about 6½ pounds).

XIII.—Babette L., 33 years, servant; admitted January 15. Ulcus ventriculi, anemia, phthisis puls. insip.; pain in epigastric region; nausea and eructations; continued headache; extreme lassitude; red blood corpuscles, 3,168,000; hemoglobin, 50.72. After one week: appetite good; still pale; no pain; corpuscles and hemoglobin increased about 12 per cent. After three weeks: improved appearance; voracious appetite ("I would like to eat all day long"); much stronger, and general condition, very good. At the end of fifth week: patient discharged; red blood corpuscles, 5,268,000; hemoglobin, 87.62; increase in weight, 7.4 kilo (about 16 pounds).

There are other cases, of young and old men and women, in various stages of life, and affected with a variety of diseases—in all of which, strength, appetite and general health

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was restored by virtue of the Ferratin; the increase in weight was regular, and ranged from 3 to 18 pounds—according to the length of time patients were under observation, and the potentiality of weight of individuals.

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## REVIEWS AND BOOK NOTICES.

**The International Medical Annual and Practitioners' Index.**—A Work of Reference for Medical Practitioners. 1894. Twelfth year. New York: E. B. Treat, 5 Cooper Union. Chicago: 199 Clark street. Price, \$2.75.

The International Medical Annual which has been published for twelve years, presents annually, in a cheap, convenient and available form, the most important facts made in progress in medical science, during the previous year. The present volume following the same general arrangement of its predecessors, opens with an interesting article by Professor H. A. Hare, on the therapeutic gains of the past year, together with a dictionary and description of new remedies. The bulk of the book consists of a brief resume of the new methods of treatment of almost all the diseases, and discusses also, the reasons why some of the older forms of therapeusis have been modified or abandoned. Then follows a concise statement of the advancement made in sanitary science; and after this, the progress made in pharmacy. The new medical and surgical appliances require a chapter to themselves. Then a list of medical books published during the past twelve months is given, and last of all, a general index.

The diseases discussed are arrayed alphabetically, as are also the new remedies; so that the reader can turn at once to the particular disease or drug that may happen to interest him, and in a few minutes learn everything of recent interest concerning it. There are a number of well executed illustrations that enhance the interest and value of the book. The Work can be recommended as a valuable time-saving glossary of the more important additions made in the science of medicine from year to year.

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## What Can Be Done With Electricity.\*

By W. F. ROBINSON, M. D.

The practice of medicine is vastly different to-day from what it was twenty years ago, when the same man did general practice, attended surgical cases, and even went so far as to operate on the eye.

How different are the conditions now, when the field is cut up into a dozen or more different specialties to which men devote their exclusive attention. It is very evident in these new conditions that if these different men, each pursuing his own line of thought and activity, are going to work together for the advancement of science, there should be a complete understanding between the different specialists, so that they should aid and not work against each other. It is of great importance, it seems to me, that the profession in general should know what the specialist in Electro-Therapeutics can accomplish by means of this agent. It is for this reason that I have chosen the above title, in the hope of telling my professional brethren some things which may, perhaps, be of interest and value in this connection.

As to the diseases treated by this agent it may be said that there is hardly an affection, from insanity to stone in the bladder for which electricity has not been used. I shall limit myself to-night however, to the consideration of a few affections from that great class, nervous diseases, in which this agent is of special and undoubted value.

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\*Read before the Medical Society of the County of Albany, April 17th, 1894.

Commencing with diseases of the brain, we will first consider that very common, but at the same time most important affection, cerebral hemorrhage, or apoplexy.

This disease is always treated with electricity, in some of its stages, but it must be acknowledged that the treatment is often of a routine character and as a consequence the patient does not always derive all the benefit from it that he ought. In this affection we have, first: a serious injury to a certain area of the brain, whose cells and fibres are pressed upon and crushed by the blood clot. Secondary to this we have degeneration of the nerves leading from this affected area, and paralysis of the muscles they supply.

The indications for treatment are, therefore, two-fold. Advantage should be taken of the power of electricity to produce absorption of any fluid, and by sending weak currents through the brain, this process, the first in nature's series of repair, may be materially hastened.

While this slow process of repair is going on in the brain, the affected nerves and muscles are all the time wasting and degenerating, so that even if the higher centres regain the power to transmit impressions, they find the apparatus with which they have to work so rusty and out of repair that it is absolutely useless, and may always remain so.

Here again our agent steps in, and by its prolonged use upon the affected nerves and muscles, they are kept from degenerating and the nervous tone is maintained. This prevents the formation of deformities caused by the pulling of the healthy muscles against the degenerated ones, since if they are kept from degenerating they are able to resist the pull of the antagonistic muscles.

The great thing accomplished, however, is that when the nerve centres in the brain are restored and are capable of transmitting voluntary impulses, they find the nerves and muscles in good order and ready to obey and carry out the orders sent down from the brain.

Thus we see that the malady is attacked from two directions and as a result the cure is materially hastened.

There is no question whatever that many new cases which are to-day walking the streets with a paralyzed arm, contracted hand and the corresponding leg dragging, might have been saved this terrible deformity had they received in the beginning careful, scientific treatment, faithfully kept up.

In diseases of the spine I will first refer to that very common but important disease, infantile paralysis. This affection almost always gets treated at some time or other with electricity, but often in a hap-hazard and unscientific manner. Such treatment is of little or no value, and still electricity has to bear the blame of the resulting failure.

In this affection it is of great importance that the treatment should be begun early and kept up for a long time, applying the electricity every day.

It is extremely unsafe to trust this important matter to nurses or attendants, who have little or no real knowledge and no realization of the importance of applying the electricity properly. It is not too much to say that every case of infantile paralysis, if taken in time and properly treated with electricity, could be cured.

It is the lot of every nervous specialist to see from time to time, cases of this trouble, where the muscles have completely disappeared and are replaced by fibrous cords. There is nothing whatever to be done for these unfortunates, since no power that human wisdom knows of can ever change fibrous tissue back into muscular or any other tissue. Is it not sad, however, to think that these little creatures might have been saved this mortifying affliction if only skillful treatment had been applied in time.

In this disease the muscles retain their capability for restoration for a long time and some very remarkable cures have been obtained in old cases of years standing.

Dr. Hammond, of New York city, reports some very interesting cases of this affection that were seen and treated years after they occurred.

One case in particular, of a lady twenty-five years of age, who had had infantile paralysis when a baby, was specially

interesting. There was more or less complete paralysis of the flexor muscles of both feet, with contraction of both gastrocnemii, giving rise to marked talipes equinus, so that the tendons of these latter muscles had to be cut.

Prolonged treatment, lasting over a year, almost completely restored these muscles so that the patient was able to walk very well, without a brace or other artificial support of any kind. This case is interesting from the long duration of the disease and goes to show the wonderful power of electricity in restoring paralyzed muscles.

Another important disease of the spine is loco-motor ataxia. Without entering into the question of its curability, let us see if anything can be done to relieve it.

The maximum duration of this disease is said to be forty years, so that even if it cannot be cured, it is incidentally well worth the physicians while to try and do something to relieve these unfortunates. Of the many symptoms of this disease, two are specially trying and annoying: the feeling of weakness and lack of control of the limbs, and the so-called lightning pains.

Both these symptoms are quite susceptible to relief from proper electric treatment. Electricity is one of the most powerful tonics to weakened nerves that we have and it is also of great value in the relief of pain, so that it is well indicated in both these symptoms. These lightning pains are very severe and have been compared to knife-stabs in different parts of the legs. When they recur frequently, they make the patient's life a burden, and unfits him almost completely, from attending to any business.

The probability of these pains being very much helped, if indeed they are not driven away entirely, is so great that relief may be promised to the unfortunate sufferer with the greatest assurance.

From being an almost intolerable torment, these pains may be reduced by proper treatment so that they are little more than an annoyance, and at the same time the feeling of weakness and helplessness can be so far overcome that the patient

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is able to accomplish a fair amount of work, and at the same time enjoy life to a certain extent.

Passing on now to diseases of the peripheral nerves, let us consider one of the most important, namely: multiple neuritis. This disease is frequently caused by abuse of alcohol, and is then called alcoholic paralysis.

It is frequently preceded by prodromata, which may last for several weeks, consisting of numbness, pain and weakness, affecting especially the lower extremities. The disease, proper, generally begins with fever for three or four days. The muscles and nerves of the leg are very tender.

The different muscles become paralyzed, until finally all four extremities are involved and the patient is bed-ridden.

As to the efficacy of electricity in this affection, it is freely admitted by all good authorities, but a very interesting question presents itself, as to how much value this agent has. Many cases of this disease will recover without the use of electricity, and the point to determine is, how much will this agent hasten the cure.

I have had an opportunity of observing the course of a number of cases of this disease in which electricity was not used, and the result of my observation is, that the use of this agent, when skillfully applied, will shorten the period of recovery one-half. This may be putting the matter too strongly, but the action of electricity in hastening the recovery of muscles paralyzed by inflammation of their nerves, is very marked, as any one can readily convince himself, who has an opportunity to follow the cases.

Under daily galvanic treatments the increase in the strength of the contractions can almost be noticed from day to-day.

It must be remembered, however, that a muscle may respond nicely to the electric stimulus, long before it is brought under the control of the will.

These patients are generally so delighted, however, to find the strength coming back to their paralyzed limbs, that they will submit patiently to the treatment, even if has to be extended over weeks and months.

As this disease, if allowed to run its course, may last one or two years, the electric treatment with its prospect of markedly abridging its duration, is well worth the time and trouble necessary for its application.

As to disease of the peripheral nerves, there are many forms of it according to the nerves affected. The most important class are the different local paralyses so frequently met with. As a rule, they involve but one nerve, and are generally due to traumatism or cold.

One of these, which is important on account of the serious deformity produced, is facial paralysis or Bell's palsy.

It comes on almost always from exposure to cold, and as a result, the paralyzed muscles allow the opposing healthy muscles of the opposite side of the face to draw the mouth over to the well side, producing a most unsightly deformity.

These cases, or at least a vast majority of them, can be cured, if taken at the start and skillfully treated.

The earlier you get hold of them, the better, and treatment should be given every day, and even twice a day until the case is well advanced toward recovery.

Careful treatment here is of immense importance, since it will remove this deformity and restore the face to its natural appearance.

On the other hand, if these cases are neglected and run on for a year or more, the nerves lose the power of regeneration, and the unfortunate patient is compelled to carry this terrible distortion through life.

Another common form of local paralysis, is that of the musculo-spiral nerve, causing wrist drop. This is caused by pressure upon the nerve in the upper part of its course, and frequently occurs to drunkards from throwing the arm over the back of a chair and allowing it to remain their for two or three hours. These cases, if seen in time, generally yield very readily to treatment.

Another important form of this trouble is double-wrist drop or painters' palsy. These patients are generally in despair since it is impossible for them to hold a brush, and they think

that they never will be able to do so again. Very likely they have had faradism tried, perhaps three times a week, by their family doctor, without any apparent benefit, and have given it up in despair.

In spite of this, you can almost assure these patients that they can be cured if they will only have the patience to submit to treatment. A patient of this kind came to me early in the winter of 1892. He had complete paralysis of the extensors of both wrists and fingers, which had already persisted for nearly a year, during which time he had taken medicine faithfully, and electricity had also been tried.

I told him frankly that there was no use in taking hold of his case unless he would promise to come for treatment all winter. He did so, and faithfully kept his word. Twice a day, Sundays excepted, this patient came to me from October until the following April, a period of about six months. At the end of this time, all deformity had disappeared, and he could hold a knife, fork or paint brush as well or nearly as well as he ever could.

A peculiar affection, whose organic cause, if any exist, is still unknown, is the disease called exophthalmic goitre. It is characterized by a peculiar prominence of the eyes, enlargement of the thyroid gland, giving to the throat a full and swollen look, and a very rapid pulse. Another very annoying symptom of this trouble, is excessive nervousness. Cases of spontaneous recovery occasionally occur in this disease, but the general tendency is slowly and steadily downward, and if unrelieved by treatment, the patients become weak, emaciated, and finally bed-ridden.

They eventually die of exhaustion or albumenuria.

Electricity is of great value in this disease, and if the patient can be put in favorable conditions, and the treatment faithfully given for a sufficient length of time, the chances for recovery are excellent.

It is poor policy, however, to promise these patients a rapid recovery, for this must not be hoped for, either from electricity or anything else.

Tell them, frankly, that they have a chronic trouble which absolutely requires prolonged treatment, and that if they are not willing to submit to treatment for a considerable length of time, it is hardly worth while to begin.

If a clear understanding is arrived at in this way, it will be found very much more satisfactory in the end for both patient and doctor.

It is impossible to fix any definite time for the cure of these cases, but in general, the treatment may very well last from three to six months, or even longer.

These cases often last for quite a while before a doctor is consulted, but when they commence to have palpitation of the heart, in frequently recurring attacks, together with excessive nervousness and causeless apprehension, then they seek medical aid.

These cases do very well when receiving treatment three times a week.

The rapidity of the heart-beat will gradually grow less, and what is still more important, this organ will become more stable in its action, and not so apt to suffer palpitation from slight causes or often from no cause at all.

The thyroid enlargement is very obstinate, and often persists in spite of everything, but this is not, by any means, the most important symptom, and if the annoying functional troubles can be relieved, a good deal has been done.

This is the more true, since the thyroid enlargement is not excessive, and it is so diffused, so to speak, that it resembles a simple fullness or swollen condition of the neck more than a tumor.

This does not by any means exhaust the list of diseases for which electricity is of value, but if the writer can feel that he has called the attention of the profession to the importance of this agent in the above mentioned affections, he is confident that he has not labored in vain.

## The Sanitary Condition of Albany County for the Past Year.\*

By F. C. CURTIS, M. D.

The committee on hygiene will simply make a short report on the sanitary condition of the county for the last year.

In regard to mortality there were in the entire county 3,504 deaths. With a population of 168,000, this makes a death rate of 20.85.

Of these deaths 305 occurred in the rural towns of Berne, Bethlehem, Coeymans, Guilderland, Knox, New Scotland, Rensselaerville and Westerlo, having a combined population of 21,877, and a death rate of 14 per 1,000.

The rest occurred in the cities of Albany and Cohoes, and the villages of West Troy and Green Island. Albany, with 2,140 deaths, and a death rate of 21.85 per 1,000 population; Cohoes, 20.50; West Troy, 26; and Green Island, 27.

In the adjacent city of Troy there was a death rate of 21.25.

Compared with last year, the number of deaths and the corresponding death rate were much lower in the cities of Albany, Cohoes and Troy, and for some reason in the villages of West Troy and Green Island much higher.

Of the 3,500 deaths in the entire county, 16 were from cerebro-spinal fever, 23 from whooping cough, 105 from scarlet fever, 97 from diphtheria, 96 from typhoid fever, 227 from diarrhea, and 360 from consumption.

In contrasting the rural with the urban parts of the county in respect to these infectious diseases: In the former 8.20 per cent of the deaths were from zymotic diseases and 6.55 per cent from consumption.

In the urban portion of the county, 16.60 per cent of the deaths were from zymotic diseases and 10.40 per cent from consumption. The proportion of zymotic deaths in the urban portion was just double that of the rural and of deaths from consumption as 5 to 3, or nearly double.

\*Read at the Annual meeting of the Medical Society of the County of Albany.

There has been no unusual prevalence of zymotic diseases anywhere. From almost all of them there were fewer deaths than last year. This is especially true of diphtheria. This region of the state has been to a marked degree free from it; there were just half the number of deaths of last year. In Albany, 55 deaths were from this cause, to 117 last year. The same is true of scarlet fever, at least in Albany, where 43 deaths occurred against 162 in 1892. Of recent time there has been a remarkable prevalence of a very mild scarlet fever in this county, and this part of the state. It has been found extensively in Albany. The profession has been in doubt often whether to call it scarlet fever, and by some it has been discussed as rubella or German measles. We doubt if there is an epidemic of the latter prevailing, and it does not exist sporadically.

Malarial diseases do not prevail here; but three deaths are reported, and these from Albany, and if correctly returned may have originated elsewhere. Care should be used in the employment of the term "malaria."

Typhoid fever has been elsewhere mild, but we continue in this vicinity to show the same unvarying mortality from it. Not in the rural part of the county, for there only two deaths out of 305 from all causes were from this disease, a rate of 9 deaths to 100,000 population. But in Albany, in this year of generally mild prevalence, there were 59 deaths to 100,000 population; in Cohoes, 64; in West Troy, 84; in our combined city and village population, 65. These are low rates for us; Albany seldom has so few as 58 deaths yearly. In the whole state, there were but 28 deaths from typhoid fever per 100,000 population. In the whole state, 1.4 per cent of the deaths were from this disease, while in our cities and villages there were 3.0 per cent, or twice as many. In Troy the showing is hardly better, for 57 deaths to 100,000 population is their ratio for last year, which is not reassuring in regard to the water above the state dam. But Troy is getting a new supply.

Alleghany City is said to have the highest death rate in the country from typhoid fever, and a recent issue of the *Medical Record* quotes a proposed inscription for a drinking fountain which one of its philanthropic citizens has offered the city as follows:

"Erected to the memory of 161 citizens who drank of this water and died of typhoid fever during the year 1893. This water is warranted to be drawn from the Allegheny river, at a point where the discharges of 18 sewers of Pittsburgh are mingled with the stream, and each drop contains on an average 200 bacteria."

With a slight paraphrase this would serve in like case for Albany, not that it has ever had a typhoid fever death rate of 150 per 100,000 population, but for the past ten years it has had one of 75. It would appear, from every point of view and from the general and unvarying testimony of statistics from whatever source, that these large streams coursing through our land should, as remarked in the last report of your committee, be relegated to their natural function of furnishing a means of drainage and for the transportation of commerce, not for furnishing water to be pumped into our houses for the people to drink. Such use is immoral, disgusting and deadly. Typhoid fever would be practically unknown in cities, if water was taken from a pure source, but allowing 25 deaths a year here as unavoidable, we have had 464 deaths and 3,000 cases of sickness in ten years that we should not have had, which at laboring men's wages have cost \$300,000 in time lost alone.

Small-pox has been more prevalent than for many years, not only in this state, but in many other localities. Albany has had but one case recently, which was imported, aside from an outbreak in the penitentiary, but is liable to further visitation at any time. Vaccination should be secured by all of us, and all should be on the alert for possible cases of the disease, failure to recognize a mild case of which in a neighboring town has been the cause of considerable spread and several deaths.

The fifth Grippe epidemic began, as heretofore, in December, but has practically come to an end, having been the highest both in duration and fatality of the series. The fourth was lighter than its predecessors, and there is good reason to believe that the germ of this disease is losing its virulence and that the disease is an exotic and not at home in this country.

The year past has been a healthy one in the main. There are other conditions than those referred to, which, in the city, affect public health. Our drainage is not perfect, and our garbage is not removed. These at least intensify zymotic diseases, and to some of them they contribute. Steps are under way by a law in the governor's hand, to provide a crematory. Our school buildings are unrivalled in all appointments, and with our natural advantages and the beauty of our surroundings, and with smooth, still pavements to which our committee referred in its report last year, Albany shoud be a most healthful and attractive city.

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### "Prognosis in Chronic Nephritis."

JOHN V. HENNESSY, M. D.

In presenting this paper, it is not with the view of offering anything new on this subject, but rather to compare notes with the members of the society and so discover if my experience has been similar to theirs.

While under the name of chronic nephritis, a number of distinct pathological conditions are grouped, I will exclude the cirrhotic or intestinal and the waxy forms, as having distinct symptoms and causes, and confine myself to the consideration of the other forms without differentiating the parenchymatous; those affecting the malpighian tufts, etc., as I believe it is often impossible to do in practice, and consider as one those cases presenting the following clinical characteristics. Often if not always a gradual onset; a diminished quantity of urine containing a fairly large amount of albumen with granular and sometimes hyaline casts, and

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\*Read before the Medical Society of the County of Albany, Feb. 14, 1894.

rarely some blood and pus corpuscles. Dyspeptic symptoms, with sometimes persistent vomiting and occasionally severe diarrhoea. Sometimes dropsy and sometimes no sign of it. Various degrees of disturbed vision and hebetude of mind. General and increasing anaemia with emaciation and debility, also dyspnoea.

I believe that the general opinion of such cases is that the prognosis is unfavorable, particularly if these symptoms continue for some considerable time.

In the following abstract of cases I would particularly call your attention to the ages of the patients.

Mr. H., aet. 67. History would point to a duration of several months before I saw him. He was dropsical and had most of the symptoms named before. Urine scanty and contained a large amount of albumen with casts. He gradually recovered in six months. A year later his urine contained a small amount of albumen. Eight years have now elapsed, and he appears to be in perfect health.

Mrs. H., aet. 74. General symptoms as above. No dropsy. At times almost complete suppression of urine. Great impairment of vision, hebetude and for a time mild delusions. Recovery very gradual, taking most of a year. Last examination of urine, eighteen months after, showed some albumen and casts. This was seven years ago, and her recovery is apparently complete, as she is now a very active old woman.

Mrs. D., aet. 70. This case occurred at the same time as the last one. The symptoms were much the same. No dropsy. Vomiting was persistent. Improvement was very gradual. Urine two years later contained albumen and casts. Has never been as well since, though for her age she is fairly healthy.

Mrs. D., 72; Mrs. M., 60; Mrs. R., 70, present cases nearly identical. All have weak and irregular hearts. Ill for from six months to a year, with a gradual and incomplete recovery. Urine still contains albumen and casts, after a lapse of two to three years.

Mrs. H., aet. 35. Symptoms very marked. Continual vomiting, almost total blindness, often suppression for 24 hours, great dyspnoea. No heart lesion. Recovery gradual, taking most of a year. Urine became entirely clear, and two years later I attended her in confinement. She showed no sign of diseased kidneys.

Mrs. C., 65. Two years ago was dropsical in a marked degree, after having been in failing health for several months. Urine was loaded with albumen. Recovery was gradual and apparently complete after one year, though urine was scanty and contained albumen and casts. Two months ago, after several days of constant vomiting, with severe headache and loss of vision, she was taken with convulsions. I saw her, and they were typical uremic convulsions, lasting from ten to fifteen minutes and followed by deep coma. They recurred every hour or two for twenty-four hours, and were succeeded by a period of gradual lessening coma of twenty-four hours duration.

Since that she has been gradually gaining strength and is now almost as well as during the last year. Her urine is still scanty and albuminous.

These are the most marked cases. Quite a number of others have presented less marked symptoms and have not had so long a duration.

On the other hand, during this same period I have seen but three deaths from nephritis and none from an intercurrent disease. One of these was puerperal, and two were clear cases of interstitial nephritis.

I do not believe that the above favorable results were due in any great degree to the method of treatment, for there was nothing new in that. It consisted in keeping the patient in a fairly warm room, and giving salines and digitalis, whether there was dropsy or not, with such symptomatic treatment as was at times indicated. This experience would lead me to feel that the prognosis in these cases is far more favorable than I would formerly have believed, and I think more favorable than is generally taught.

## Treatment and Cure of Chancre with Peroxide of Hydrogen.\*

By WILLARD PARKER WORSTER, M. D.  
NEW YORK.

The subject of the best treatment of the primary sore of syphilis has occupied the minds of investigators of late years to such an extent that almost every surgeon has a different method, and the general practitioner is somewhat at a loss to know which is the best treatment to employ as the most expeditious means of relieving the anxiety of the patient and curing the lesion. The special purpose of this paper is to draw attention to a particular method of treatment, which not only relieves the anxiety of the patient and places him in a delightful buoyancy of mind, *but cures the chancre in the shortest possible time*, without pain or detention from business, and with less scar and less destruction of tissue than any other method.

The chancres of the following cases, selected from a good many recorded, were of the large Hunterian variety, embracing the worst forms of sloughing and phagedena.

CASE I.—Mr. K., aged 38 years, came to me, January 29, 1891, with a large sloughing single chancre, situated on the right side and at the base of the glans penis, at the junction of the prepuce and very deep; incubation about thirty days; penis large and soft. Sprayed it with full strength solution (15 volumes) of peroxide of hydrogen medicinal (Marchand's), at 60 pounds pressure, and dressed it with iodol powder, and continued the same treatment every morning at 7 o'clock.

February 20th, sprayed it as above; sore now only skin deep, and continued till February 23d; sore healed; duration of treatment twenty-five days.

CASE II.—Mr. W. B. came to me, September 6, 1892, with a single sloughing chancre on left glans penis, and corresponding ulceration on prepuce; incubation about thirty days; sprayed with peroxide of hydrogen, full strength, 60 pounds

\*Reprinted from the Journal of Cutaneous and Genito-Urinary Diseases for February, 1894.

pressure, and dressed with iodol; continued same treatment every evening at 7:30 o'clock, for sixteen days.

September 23d, sore almost healed.

September 25th, sprayed for the last time to-day; duration of treatment, nineteen days.

CASE III.—Mr. L., aged 28 years, came to me, August 23, 1893, with a phagedenic chancre, thirty-five days incubation, situated immediately at meatus urinarus, and sloughing its way very rapidly into the urethra; sprayed it with peroxide of hydrogen, full strength, 60 pounds pressure, and dressed with iodol powder. Continued the same treatment every evening at 7:30 o'clock.

August 30th. Sore almost healed up, only some granulations left. Continued the same treatment every evening till September 4th. Sprayed it to-day for the last time; there only being the surface of the sore about the size of a pin's head. Considered himself cured and said he would not come again. Duration of treatment, eleven days.

The above cases, selected from many recorded cases, on account of their possessing the worst features of the initial lesion, serve as good examples of the treatment by the peroxide of hydrogen method.

I treated Mr. K., of Case I., on two different occasions, for the same disease, in exactly the same manner, and the two cases are about identical in regard to length of time of treatment and as to details, and he got well in about the same manner.

The case of Mr. L. presented the worst features of phagedena, which was so virulent that I think he would have lost the greater part of the glans penis, if he had been treated by the nitric acid or caustic method, and, as it was, the ulcer healed with a very small scar, scarcely noticeable.

The pressure of the spray (60 pounds), which is one of the most important factors in the whole method, not only cleanses and produces thorough asepsis of it, killing the germs of the disease at the very bottom of the ulcer, but the oxygen of peroxide aërates the blood through the capillaries, and arrests

the progress of the disease at the nearest possible point, allowing the process of repair to commence as soon as possible, according to the severity of the disease, with the least loss and destruction of tissue and consequent scar. It must be particularly understood that in using this treatment, all instruments, spray-tubes and bottles, must be made of either glass or hard rubber, for the reason that metals, with one or two exceptions, coming in contact with the peroxide, will destroy its component parts and render it useless, and I have found also a great difference in the results if the peroxide is fresh or otherwise. The first effect of a spray of peroxide upon the ulcer is to deposit upon it a thin film of albumen; this should be allowed to remain for about a half a minute or less; then continue the spraying till a large tubeful has been used (one ounce); as the sore progresses the spraying causes a good flow of rich arterial blood upon it, which merely shows returning healthy conditions.

The treatment is entirely painless, and the patients do not experience any annoyance or inconvenience whatever while carrying the disease, and freely express themselves as well pleased with its effect.

No internal medication during this stage is given. The iodol powder is used only as an antiseptic, to protect the sore from external influences until it is sprayed again the next day, keeping the sore in as good a condition as it is left by the spraying, which must be done once every day until the ulcer is healed.

This method of the treatment of chancre has been, in my hands, the best and most successful of all methods that I have heretofore adopted.

### **The Annual Meeting of the Medical Society of the County of Albany.**

The annual meeting of the Medical Society of the County of Albany was held on the evening of May 9th, 1894, in Alumni hall. It was the best attended and most enthusiastic meeting held by the society in years.

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The reports of the officers showed that the society was in a most promising condition.

Drs. F. M. Joslin, W. J. Curran, W. F. Robinson, M. D. Rossman and M. D. Stevenson were elected to membership.

The election of officers for the ensuing year followed, which resulted as follows: President, O. D. Ball; Vice-president, Robert Babcock; Secretary, S. W. Droogan; Treasurer, W. H. Happell; Board of Censors, Drs. H. Bendell, W. H. Murray, H. Moore, M. J. Dwyer and G. E. Lochner; Delegates to the State Society, Drs. L. Hale, H. E. Mereness, W. O. Stillman and L. E. Blair.

The address of Dr. O'Leary, the retiring President, drew a comparison between medical practice of the past and that of the present, and was heard with interest.

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**The Vaginal Secretion of Pregnant Woman.**—Koing (Centralblatt fur Gyanakologie, 1894, No. 1), after reference to the investigations of Doderlein, Winter, Steffek, and others, who claimed to have found pathogenic micrococci, particularly the staphylococcus albus and aureus, as well as other pus-producing microbes, in the vaginal secretions of women after labor, relates the result of his own experience in one hundred cases of women aseptic at the time of labor. He claims to have found in the lochia the streptococcus most frequently, and but seldom the staphylococcus aureus, and never the staphylococcus albus. After considering minutely the reaction of the vaginal secretion, which in three hundred pregnant women he found to be distinctly acid, he concludes that in pathological conditions the secretions attain a much higher degree of acidity, so that the streptococcus pyogenes can hardly thrive therein; at least he was unable to obtain cultures of this germ. The author further concludes that the vaginal secretion of every untouched pregnant woman contains nothing pathogenic, the thrush or gonoccus germ excepted. Both are bacteria which upon the usual media of

culture are aerobic at the body temperature. The vagina of every untouched pregnant patient is therefore aseptic.

Vaginal injections of antiseptics he considers dangerous in the ordinary patient, as they may chemically lessen the resistance of the tissues to bacteria, and may increase the intensity of septic endometritis by washing bacteria into the uterine cavity.—*The Canadian Practitioner.*

**Simple Cure for Hiccough.**—“I was just about to send a cure for hiccoughs to the New York man whose case had been puzzling the doctors, when I read that he had been cured by laughing heartily at a colored man’s description of what seemed to the patient a most ridiculous cure,” said a Pittsburgh physician. “You hear of numerous cures for hiccoughs, such as holding your fingers in your ears and having someone give you a drink of water, holding one’s breath for a period, etc., but I doubt if any will stand the test as well as a practical cure, which for twenty years has never failed me once in all the hundreds of cases I have tried it. It may seem just as ridiculous as the cure proposed by the colored man in New York — so ridiculous that many will not think it worth while to try; it may be, nevertheless, a sure cure.”

“All you have to do is to lie down; stretch your head back as far as possible; open your mouth widely; then hold two fingers above the head, well back, so that you have to strain the eyes to see them; gaze intently upon them and take long full breaths. In a short time you will be relieved of that troublesome hiccough.”

“Now I have tried that cure on all sorts of cases, from the simple form to the chronic, and it works well with all. I remember it was given to a man on the way to New York to consult a specialist on his case—one of six month’s standing—and it cured him in a few minutes. He turned around and said: ‘What do you charge for that?’ ‘Nothing,’ was the reply, ‘except that you publish it to sufferers.’”—*The Medical and Surgical Reporter.*

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HOWARD VAN RENSSELAER, PH. B., M. D., EDITOR.

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### ANNOTATIONS.

**The Treatment of Malignant Tumors by Inoculations of Erysipelas.**—Dr. William B. Coley (*American Journal of the Medical Sciences*), while collecting cases of sarcoma treated at the New York hospital during the past fifteen years, found a case that seemed convincing evidence that erysipelas possessed a wonderful curative principle antagonistic to sarcoma.

Five operations has been performed within a space of three years. At the last operation it was found impossible to remove all of the tumor, and the case was considered hopeless. Two weeks after the operation, a severe attack of erysipelas occurred, followed by a second attack shortly after the first has subsided. During the progress of the erysipelas, the remains of the sarcoma entirely disappeared, the wound rapidly healed, and the patient remained well seven years afterward. The diagnosis in this case has been repeatedly confirmed by well known pathologists, and there was no possibility of attributing the cure to any other cause than the erysipelas.

If erysipelas, a disease produced by a specific organism, could cure a case of undoubted sarcoma when occurring accidentally, it seemed fair to presume that same bengin action would be exerted in a similar case, if erysipelas could be artificially produced.

Dr. Coley applied treatment to ten cases which he has reported in detail. In addition to his own cases which he has collected and tabulated all the reported cases of carcinoma and sarcoma in which erysipelas, either spontaneous or artificial, intervened. It is upon a careful study and analysis of these cases, as well as upon the more practical experience derived from his own cases, that his conclusions are based.

We find a total of 38 cases of malignant disease in which an erysipelas has occurred, either by accident or intent. Of these 38 cases, the erysipelas occurred accidentally in 23 cases, and was the result of inoculation in 15 cases (including Dr. Coley's own); 17 cases were carcinoma, 17 cases were sarcoma, four were either sarcoma or carcinoma. The immediate and final results were as follows:—

Carcinoma.—Of the 17 cases, three were permanently cured. In addition, one case of probable carcinoma was well five years after the attack of erysipelas. Of the remaining 13, ten showed improvement, which, although temporary, undoubtedly added to the life of the patient in most cases. One case died, as a result of the erysipelas, on the fourth day.

Sarcoma.—In sarcoma, the curative action of the erysipelas was even more marked. Of the 17 cases of sarcoma, we find seven, or 41 per cent., well and free from reccurrence from one to seven years after the attack of erysipelas. In addition to these seven cases, there is a probable sarcoma of the breast, that was cured.

Ten of the remaing 11 showed more or less marked improvement, in some cases the tumor entirely disappearing, and not returning for several months. One case died, as a probable result of the erysipelas which was in this instance, accidental.

In nearly every instance, the tumor was not a primary growth, amenable to operative treatment, but either a recurrence after operation has been tried and failed, or from its nature inoperable.

Conclusions.—1. The curative effect of erysipelas upon malignant tumors is an established fact.

2. The action upon sarcoma is more powerful than upon carcinoma, in about the ratio of three to one.
3. The treatment of inoperable malignant tumors by repeated inoculations of erysipelas, is both practical and not attended with great risk.
4. The curative action is systematic, and is probably due chiefly to the toxic products of the streptococcus, which products maybe isolated and used without producing erysipelas.
5. This method should not be employed indiscriminately until further experiments have proved its limitations.—*The Atlanta Med. and S. J.*

**The Creasote Treatment for Tuberculosis.**—Dr. Julius Weiss presents a very careful review of the present condition of the creasote therapy. Increases of weight, diminution of cough and an arousing of the appetite, are, in most cases, observed during the administration of this remedy; yet frequently patients are found who cannot tolerate the taste of the remedy, nor be induced to take it. If pills or capsules are not well borne, Hoffman's mixture (with tincture of gentian), or Bouchardat's formula (tincture of nux vomica and malaga wine), or Van der Vloet's prescription (with tincture of nux vomica) may be substituted. Sommerbrodt used the remedy in gelatin capsules with cod-liver oil; balsam of tulsi should be avoided because the pills are thus rendered insoluble; sugar-coated pills are not, however, objectionable. If creasote in these various forms cannot be taken, the carbonate is generally borne in large doses, and is equally as efficacious as the creasote itself. It can be said that creasote is not a direct specific against tuberculosis, but indirectly influences the process in the lungs, by limiting the formation of expectoration, and by its being a good stomachic. The majority of physicians will subscribe to the statement of Weyl, that it is the best remedy for the symptomatic treatment of tuberculosis.—*The Am. J. Med. S.*

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**New Remedies of Last Year.**—The following extract from Treat's Medical Annual, section of "Progress in Pharmacy," furnishes on the latest new remedies.

CHLORALOSE, a compound of glucose and chloral; recommended as a hypnotic, and favorably reported on after clinical trials by European and American investigators; has recently received a serious set-back, however, by adverse reports—including cases of poisoning.

CRYSTALLIN, a compound of ether and methyl-alcohol, a substitute for collodium; the advantages claimed for it are, that it evaporates more slowly than collodium, forms a more durable and pliable, or elastic, covering, etc.

DI-IODOFORM, a compound of carbon and iodine (about 96% of latter); a new, odorless substitute for iodoform, non-irritating and as good a healing antiseptic as iodoform.

FARRATIN, presenting artificially the "iron component of animal food"; a diatetic iron preparation from egg albumen and iron salts with the aid of alkalies; containing 7% of iron; a brownish powder, almost odorless and tasteless. Easily assimilable, nourishing and strengthening, it is a food and blood tonic, highly recommended for anemia, chlorosis, loss of appetite, etc.

SANGUINAL, another blood preparation, said to be a defibrinated, boiled-down blood with hemoglobin, consisting of 46 parts natural blood-salts, 10 parts oxyhemoglobin, and 44 parts peptonized muscle-albumen; it can hardly be a savory morsel, and is dispensed in palatable tablets — for that reason, probably.

SOMATOSE belongs in the same category; it is a nutritive product, 1 part representing 6 parts beef; occurs in granular powder form, easily soluble in water—so that it can be readily added to drink or food without patient's knowledge; is quickly absorbed, light on the stomach, and strengthens and nourishes the system naturally.

ABRASTOL is a new intestinal antiseptic, a sulphonated naphtol derivative.

GALLANOL, a substitute for pyrogallol, is produced by boiling tannin and anilin oil together, with other manipulation. It is applied in eczemas, psoriasis and other skin affections; reports are favorable, and it has come into extended use in a surprisingly short time.

FORMALIN is a new disinfectant; a powerful bactericide, but comparatively non-toxic; safer to employ in  $\frac{1}{2}$  to 1% solution than the usual carbolic acid or sublimate solutions.

THIOSAPOL, a new base for cosmetic and dermatological preparations; it is a sulfur compound of the same class as thiol; introduced in the form of creams, toilet soaps, etc.

TETRA-ETHYL-AMMONIUM has been introduced as a uric acid solvent, the discovery of this property being the result of a systematic and extensive research at the Edison laboratory. Dr. Peterson, of New York, sponsored the new remedy, published a long clinical report with most encouraging results and great promise; but no interest has been manifested in the matter by the profession generally.

PIPERAZIN, the powerful uric acid solvent introduced a year before by Schering has meanwhile become popular and is now in extensive use here and in Europe. The therapeutic value of this remedy is now assured, and the record of successful applications is growing; and not only is it applied for gout, rheumatism, gravel and other similar affections due to uric acid diathesis, but diabetes and other diseases are yielding to the influence of its solvent powers. Pharmacists should make a note of this correct dispensing method: piperazin-Schering, 10 grammes; water, 150 grammes. Make solution and direct patient to dissolve a tablespoonful (10 grammes) each morning in a litre (quart) of water and drink during the day. This is the only correct dosage and method of exhibiting the drug.

SALIPYRIN, although several years old, has only been in use here during the past year; still, in this short time it has made good progress and is now in considerable use. A drawback to its success has been the practice in some places of trying to make salipyrin by simply mixing salicylic acid and anti-

pyrin; this produces a mixture entirely different in physiological and therapeutical effects from the definite chemical compound. Salipyrin has found a wide field of application, as anti-pyretic, anti-rheumatic, analgesic (particularly in painful menstrual disorders), etc.; nervine, etc.; but its special recommendation has been as almost a specific for influenza, as a valuable aid in aborting incipient diphtheria, as a ready and effective remedy for simple coughs, colds, catarrhs, etc. The literature on salipyrin has accumulated rapidly during the past year, and all reports indicate that it is a most valuable agent.

Other remedies of recent origin are: salacetol (antiseptic, antirheumatic); thioform, a bismuth product (iodoform substitute); loretin (antiseptic); salumin, tannal and gallal, three aluminum compounds, resorbin (ointment base); neutrardin and thermodin (antipyretics, nerviness); quinalgen (antipyretic), etc.—*The St. Louis Medical and Surgical Journal.*

**The Plague.**—The bubonic plague, the terror of Europe even to the close of the seventeenth century, has again made its appearance in China, where it is more or less endemic, as it is in Asia Minor. The *British Medical Journal*, while admitting the vividness of the picture drawn by Defoe, points out that “while there is much exaggeration in his ‘Plague of London,’ his description of the phenomena of the disease is fairly accurate. The present title is derived from the swelling in the groin. In the earlier plague a similar swelling in the axille was a frequent symptom. The disease is a rapid, malignant, contagious fever, accompanied by buboes, carbuncles and livid spots. At least two-thirds of its victims die. Its symptoms are violent headache, accompanied with violent tremors alternating with intense heat. The eyes become red and assume a ferocious aspect, resembling those of victims of hydrophobia. The pain extends from the head to the spine, joints and limbs. Then follow vertigo and delirium. The tongue is dry and yellowish. Respiration is difficult. nausea occurs, but rarely vomiting. The disease runs its course in from three to seven days.

The patient often dies in a few hours. The first known appearance of the plague in Europe occurred 430 B. C., when it depopulated Athens, reaching there from Egypt by way of Libya. It was brought into Europe by the returning crusaders, and has frequently appeared since, always coming from some part of the Turkish dominions. It appears in Lower Egypt, Syria and Turkey about every seven or ten years. It has often made its appearance in London, the most frightful visitation being in A. D. 430, when there were scarcely enough living left to bury the dead in all England. In A. D. 716 Constantinople lost 200,000. In 1348 Germany lost 90,000. It has scourged various parts of Europe from time to time since, carrying off hundreds of thousands at each visitation. In Egypt 800,000 died in 1792. The latest visitation of which we have any account at hand was in 1813, when it was exceedingly fatal in Egypt and in Malta."—*Medical Record.*

**The Power of a Dipsomaniac.**—Peter the Great was an enormous consumer of brandy and to drop to modern times, Webster was not strictly temperate, and Lincoln had some very able whiskey-drinking generals; but history furnishes no account of dipsomaniacs who were sound in judgment or great in action. Dipsomania is a morbid condition, characterized by the irresistible impulse to drink, coming on in attacks during which the patient abandons himself entirely to the craving for liquor. Dipsomaniacs may appear perfectly rational between their seizures, and may transact business with apparent soundness of mind. Nevertheless, they still possess something unbalanced and false in their mental make-up. Dipsomania always occurs in persons who have a psychopathic constitution; they belong to the class called by the French the *degenerate*. Consequently, one will always find in their character some peculiarity which puts them out of the ordinary, and among a class which we cannot trust. Their eccentricities may be harmless or may be shown in some moral perversion or monomaniacal enthusiasm. A person who has dipsomania is essentially one whose judgment is

weak and whose actions may be erratic, perhaps picturesque; or, on the other hand, foolish, cruel, or criminal.

The reports of the present extraordinary riots and disturbances which have paralyzed trade, destroyed property, and terrorized whole communities, is shocking, yet, under the circumstances, not so very surprising. Such men sometimes have the power of eloquence and organization sufficient to accomplish at times a great good, but more often enormous evil. But it shows something vitally defective in the local government of some of our cities and states, when an irresponsible enthusiast can bring about such things as we have witnessed in and about Chicago during the past fortnight.

—*Medical Record.*

#### **Subcutaneous Injections of Aristol in Tuberculosis.—**

About three years ago Dr. Nadaud reported to the Paris Society of Therapeutics a method of treating tuberculosis by Aristol, which attracted so much attention that the Society appointed a committee to make a thorough investigation of its merits. The report of the committee was also confirmatory of the favorable claims made for this treatment by its originator. Nadaud employed subcutaneous injections of a one per cent solution of Aristol in sterilized oil of sweet almonds, in doses of 1 c. c. daily and was successful in effecting a cure in seven of twenty-three cases of pulmonary tuberculosis, the duration of the treatment varying from twenty-five to thirty days. In five cases rapid improvement occurred although interrupted by a relapse necessitating a second series of injections. Three of the patients who had large pulmonary cavities were not benefitted. By the use of Aristol the cough was controlled and expectoration diminished; the night sweats disappeared and there was a gain in weight and strength. The remedy seemed to be useful only in first and second stages of the disease, while in extensive destruction of lung tissue its effects were negative or but slight. The injections produced little or no pain and no irritation or inflammation of the skin at the site of puncture. Dr. R. DaSilva, of Brazil, employed this method in the case

of a boy six years old, who suffered from pulmonary tuberculosis, and observed pronounced improvement after four weeks' treatment. Recently Dr. Bernardinone has repeated the experiments of Nadaud in twelve cases of phthisis and obtained equally good results. He made use, however, of larger doses, from 0.03 to 1.5 Gm. of Aristol daily, distributed in several injections, but never observed toxic effects or signs of irritation. This treatment proved beneficial in cases not too far advanced, relieving their symptoms and bringing about an increase in weight and strength, and the results have been so encouraging as to lead the author to highly recommend it to the profession.

**A Masonic Home for Consumptives.**—With the consent of the Grand Master of the Grand Jurisdiction, A. F. and A. M. of New Mexico, the Montezuma Lodge, of Santa Fe, has adopted a resolution setting forth "that the death-rate from consumption is increasing at an alarming rate all over the world; that the benefits of climatic cure are now universally recognized by physicians; that the most perfect climate is found at Santa Fe," and inviting the Masons of the United States and Canada to co-operate with Montezuma Lodge in the erection there of a national home for consumptives, to be governed and maintained by Masons for benevolent and charitable purposes.—*Journal of the American Medical Association.*

**Street Vendors' Ice Cream.**—“An ice cream,” says the *British Medical Journal*, “which contained four fat lice and numerous colored hairs shaken out of a carpet, is not exactly an appetizing dainty. These, however, were among the ingredients of an ice purchased recently by Mr. Albert Smith, analytical chemist, in Islington. In another sample he found traces of lead and antimony. It appears that some of these ice creams are made of boiled corn flour, water and sugar, with a little tartaric acid to give tartness, and a little aniline dye to impart a color pleasing to the youthful eye. The presence of lead and antimony is to be accounted for by the action of the tartaric acid on the metallic compound of which

the freezing cans are made. But Mr. Smith is probably right that the risk of infection is still more serious than the liability to poisoning by lead or antimony or the arsenic which may be present in the aniline dyes. He relates how he watched a little girl, whose face, hands and ears were covered with sores, purchase an ice cream and licked out the glass in the customary fashion. The vender did not even wipe out the glass, but at once filled it and handed it to another young customer, who repeated the process of sucking and licking. Last summer a case occurred in which it was proved that milk used in the making of cheap ices was from a source responsible for the dissemination of typhoid fever. It is clear that an industry which consists of the vending of an article of food which, under present circumstances, may contain anything from a louse to a typhoid bacillus needs to be brought under the most careful surveillance of sanitary authorities."—*The New York Medical Journal*.

**Liability of Patient for Fees of Consultant Called in by the Attending Physician.**—A consulting physician or surgeon called in by the attending physician for the purpose of consultations to the treatment of a case, or the performance of an operation, may recover his fees from the patient. This liability arises not, as it is sometimes contended, from the application of the principles of the law of agency, but from other and distinct legal principles.

If the consultant were called in by the attending physician as the special agent of the patient for that purpose, he would be bound to enquire into the scope and extent of the agency; for, if the agent is without authority, his principal, the patient, is discharged from liability. But where the consulting physician is simply called in by the attending without anything being said about fees, his right to recover for his professional services from the patient is based upon the principle that where a person knowingly and without objection permits another to render service for him of any kind whatsoever, the law implies a promise to pay what such service is reasonably worth. Previous authorization is indeed unneces-

sary; for if such consultant were called by one having no pretext or authority whatever for doing so, and the patient without objection receives the benefit of such services, the law will imply a contract to pay for them, inasmuch as a request is presumed if the patient permits the services to proceed. This is the law as it is laid down in the *Shelton vs. Johnson*, 40 Iowa, 84 (1874).—*International Medical Magazine*.

**Somatose in Infant Feeding.**—One of the chief problems in infant feeding has been the possibility of so modifying cow's milk that it serves as a perfect substitute for woman's milk. This problem may now be considered as solved. To more closely assimilate cow's milk in composition with woman's milk, Dr. Riedel suggested that the former, after proper dilution (to reduce the quantity of casein) should receive an addition of fat, sugar and albumoses obtained by heating egg-albumin to 130 degrees. This preparation was extensively employed by Dr. Hauser at Prof. Henoch's Pediatric Clinic, at the University of Berlin, and proved an excellent infant food. Children who have developed marasmus under use of cow's milk or one of the artificial infant-foods, rapidly gained in flesh and strength when the albumose milk was substituted for the former, and this favorable result was also observed in cases of rickets, tuberculosis, nephritis, etc. This mixture, however, was found to have the disadvantage that both the evacuations and the flatus acquire an intensely disagreeable odor in consequence of the sulphur compounds contained in egg-albumin and retained in the albumoses when prepared according to Riedel's method. Inasmuch as Somatose consists almost exclusively of albumoses produced from meat, which contain but a light amount of sulphur and are as fully effective as the albumoses derived from egg-albumin, its substitution for the latter in the mixture is strongly urged as furnishing an ideal infant-food, corresponding exactly to woman's milk both as regards chemical composition and nutritive properties.

A preparation known as Somatose mother-milk is now furnished by many milk sterilizing institutions in the large cities

of Germany. The following is an excellent method of preparing this new milk food; to 1 litre of cow's milk (morning milk) add 730 cubic centimetres water, 10.7 grammes Somatose, 46 grammes sugar of milk, 33.5 grammes fat (that is 71 grammes cream containing on an average 50 per cent fat). The quantity of fat in the cream should be determined before its addition. Place the Somatose in a glass vessel containing 20 c. cm. of boiling water, and stir with a glass spatula, allowing the mixture to stand until the Somatose is dissolved, which will require about half an hour. Then add the remainder of the water, together with the sugar of milk, and stir until dissolved. Mix the milk and cream, shake well, and add to the Somatose solution. After a thorough mixture has been effected, pour into bottles and sterilize in the customary manner.

## REVIEWS AND BOOK NOTICES.

**A Text-Book of the Diseases of Women**—By Henry J. Garrigues, A. M., M. D., Professor of Obstetrics in the New York Post-Graduate Medical School and Hospital; Gynecologist to St. Mark's Hospital in New York City; Gynecologist to the German Dispensary in the City of New York; Consulting Obstetric Surgeon to the New York Maternity Hospital; Consulting Obstetrician to the New York Infant Asylum (resigned); Ex-President of the German Medical Society of the City of New York; Fellow of the American Gynecological Society; Fellow of the New York Academy of Medicine, etc.

Containing 310 engravings and colored plates. Philadelphia: W. B. Saunders, 925 Walnut st. 1894.

This is a particularly strong book, and one well suited to please and instruct, not only the student, but the general practitioner. It is thoroughly practical, is not made of a number of volumes, giving the historical development of gynecology, and which is not always of so great service to the hard-working practitioner.

It is a book written in so concise a style, that it will be found comparatively easy to master by those who besides gynecology, learn the rudiments of medical science and art.

The text is not over-burdened with proper names, which

are only admitted when necessary to call attention to clear and short methods of operating. Nor is that old and somewhat cumbersome method adopted, i. e., it is not interpersed with histories of cases which only serve to advertise the author, but are without value to the beginner.

A very charming part of the book is that which is not loaded up with theoretical lugubrious about hidden relation between cause and effect. His book is divided into a general and special part by which many repetitions are avoided, and which will, beyond a doubt, be of direct service in the hands of the beginner. The author has been exceedingly modest in reference to his own work, as well as that of others, and wherever such references are made they have been regulated to notes printed in smaller type, so as not to give extra study to those whose sole aim it is to obtain an elementary knowledge. The earnest readers of past journal publications will recognize a large amount of original American work, (in journal articles, extending through a period of many years), and for the first time found in a distinct form. To the student and young practitioner this will be still more valuable. The author has been particularly fortunate in presenting the methods of treatment. Where so many methods of treatment exist, especially regarding operations, he has made a most excellent choice, relying upon his own thorough judgment and great experience as a guide, in order to preserve clearness and offer the best advice. The book is largely, and we might say, essentially American, that is, the methods of treatment recommended throughout are those followed in this country. The most valuable and excellent part of the book refers to the exposition of gynecology in a clear, distinct manner, which is built on a solid anatomical and physiological basis, and this is greatly adhered to throughout the entire book.

The illustrations form a complete atlas of the development and anatomy of the female genitals, besides illustrating the morbid condition, and different apparatus to be used, where needed. Many are reproductions of photographs of specimens obtained by the author through his own operations. The moderate price of this book will be welcome to many students and practitioners.

The publishers have done their work well; the type is clear, the illustrations distinct, the paper of good quality. All this, and many other good points of the book, show first-class work.

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# Albany Medical Annals

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## Abortive Typhoid Fever.\*

BY WM. O. STILLMAN, A. M., M. D., ALBANY, N. Y.

On Feb. 8th, 1894, I was called to attend Mr. J. J. K., aged 17 years, whom I found suffering from the characteristic symptoms incident to the onset of typhoid fever. He had been feeling slightly unwell for some week or ten days before. On Feb. 6th, he had had slight chilly sensations, and on the 7th had experienced some headache but felt sufficiently well to do his day's work, which was active and somewhat laborious. He quit work on the 7th, at the close of the day, and on Feb. 8th felt very sick and not well enough to resume his occupation, although he had been working regularly up to this time. On calling, about noon on Feb. 8th, I found the patient in bed with a slightly flushed face, complaining of severe frontal headache, great heat, and a general feeling of achiness or soreness all over him, and considerable physical prostration. He had had a nose bleed, and there was gurgling and some tenderness on the right side of the abdomen. The temperature was 104 4-5. The pulse was 98 and the respiration not particularly disturbed. On about the third day the characteristic papular lenticular rose colored spots of typhoid fever appeared on the skin of the abdomen; in the course of a day or two tympanitis was well marked and the passages had the characteristic yellow look of typhoid fever, although the bowels were markedly constipated.

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\* Paper read before the Albany County Medical Society, on April 11th, 1894.

The case, during its course, presented nearly all the characteristic symptoms of this well-known fever, which we have had such excellent opportunities to study in Albany during the last few years. The condition of the spleen, tongue and bronchi, were likewise symptomatic of this disease. I hardly think that there is any possibility of an error in diagnosis possible in this case. Corroborative proof of the nature of the attack is afforded by the fact that while there had been no cases of typhoid fever in the residence of the patient, two other cases had occurred in the store in which he was employed. His employer had died not long before from a disease which I understand to be typhoid fever, and another young man likewise employed there was also taken sick and experienced a run of the usual form and duration of the fever at about the same time that Mr. J. J. K. was sick. I have gone somewhat minutely into the diagnostic symptoms of this case as I consider it a typical example of what is known as abortive typhoid fever, and it is very desirable to have the accuracy of the diagnosis beyond question.

The history of the case as far as we have given it has been clearly enough that of a case of typhoid, or enteric fever. There were other peculiarities, however, in regard to its behavior which are worthy of careful consideration. In the first place, the suddenness of the onset, with the early high temperature, is not characteristic of typhoid fever. Although there was a slight chilliness on the latter part of the second day before I saw the case, there was no noticeable increase of temperature or indication that the fever had actually begun more than twenty-four hours previous to the time at which I took the temperature and found it to be nearly 105. And there was no indication whatever that the disease had commenced more than forty-eight hours previous to this time. In the next place the temperature from the time that the case was seen, did not pursue the usual typhoid fever curve as delineated by Wunderlich, and as accepted by clinical observers generally. On the contrary there was a continuous defervescence from the point reached when first seen until

the seventh day when the temperature dropped slightly under the normal, and the pulse had lowered to 44. From this point on the temperature remained about the normal, slightly under or over, until convalescence was clearly established, and the pulse gradually rose to the normal point. If any further evidence were needed to complete the proof of the accuracy of the diagnosis in this case, it would be furnished by the fact that about one week after the subsidence of the fever there were a number of bloody stools.

I have been led to present this case before you from the fact that physicians are continually called upon to treat cases of continued fever in this section in which the diagnosis is somewhat clouded or uncertain, and in which it seems to me very desirable that we should recognize the possibility of these unusual forms of typhoid, for a failure to take cognizance of them and enforce the usual precautions and treatment may result in untimely and unnecessary deaths. It has come to my knowledge not infrequently that physicians have been reported as saying that such and such a case was not typhoid fever because it had only lasted twelve or fourteen days, and was without the severe manifestations which often accompany this malady. I think that there is a tendency on the part of the profession, especially the younger men fresh from their college training and the lessons taught in their text-books, to accept too literally pathognomonic symptoms of this disease, and the given mean duration of the fever, as being essential to determine a positive diagnosis. Many physicians of long experience will recognize the absolute fallacy of such views. While the mean duration of typhoid fever may be from twenty-one to twenty-four days, and it may be true that medicines do not succeed in abbreviating this average duration to any great degree, yet there is no doubt that many cases come under the observation of physicians which do not last more than five to fourteen, or seventeen days, and that these cases are as genuinely typhoid fever as those which pursue a longer and more characteristic course.

Thermometry in disease is a most valuable and useful adjunct to the physician, but I have been very much interested to observe that in the larger number of typhoid fever clinical charts which I have preserved of cases in my own medical practice, that it is scarcely possible to find a characteristic case which will follow, after the first four days, the typical diagram as portrayed by Wunderlich, and as figured in works of medicine. There is every possible variation in the character of typhoid fever temperatures. Sometimes the onset is sudden with very little of the prodromal stage, and sometimes the development of the fever is slow and insidious. At times it will end abruptly, dropping from a considerable height, but more commonly (in my experience) the decline of the fever is gradual and slow. Sometimes the morning temperature is higher than the evening one, and sometimes there is scarcely any fever at all, although it has not been my experience to find, as declared in Pepper's most recent text-book of American Theory and Practice, that certain cases have run their course with the temperature under the normal. All of this, however, will serve to show us the unreliability of placing too much stress on the infallibility of the thermometer in this disease.

I am satisfied that many cases of typhoid fever run their course in this community without the true nature of the disease being suspected. Of course, we are all familiar with cases of what are known as "walking typhoid fever," and many cases develop in which the disease, although running a very mild course, is clearly typhoid. The point which I wish to make in this connection, which is also the practical conclusion of this paper, is that all the abortive, walking, or mild forms of this dread disease are liable to be severe in their consequences, unless promptly recognized and carefully treated by absolute rest, and every precaution taken which is calculated to diminish the intestinal irritation and the severity of the ulcerative process going on. A well-known medical writer has declared that walking cases of typhoid fever are unusually dangerous ones, from the lack of care which is

given to them, and that they are peculiarly prone to severe and unsatisfactory endings. My own experience has been that they are apt to be followed by a more tedious and protracted convalescence than the usual form of the fever.

As a rule, it seems to me that the diagnosis in typhoid is to be formed from its (as a rule) gradual beginning, and from the peculiar intestinal symptoms, and the characteristic eruption, which is only absent in about 12% of the cases. Usually, the diagnosis is assisted by the temperature record, and the general character of the fever itself which commonly deserves the descriptive term given it by Huxham long ago, when he called it "the slow nervous fever." The bacteriology of typhoid fever will undoubtedly play an important part in the matter of diagnosis in the future, as the characteristic bacilli are always found in the stools after the disease has fairly begun, as well as in the blood taken from the rose colored papular eruptions. I should be very glad to hear the opinions of any of my colleagues in regard to the points raised in this paper, and I have purposely omitted all question of morbid anatomy, and treatment, as being calculated to distract from the main question involved in these remarks.

## Syphilis.—Its Prevention and Treatment.\*

BY CHAS. E. DAVIS, M. D.,

INSTRUCTOR IN PHYSIOLOGY, ALBANY MEDICAL COLLEGE.

*Mr. President and Gentlemen:*

It is my desire to-night to call your attention for a few moments to a subject, upon which probably as much has been written as upon any other half dozen, and it is not without a knowledge of how ably the subject has been handled that I do so. It is not so much my intention to dwell on the etiology, pathology and treatment, as it is on the prevention of syphilis.

\*Read before the Albany Medical Society, February 14, 1894.

It is a disease which has been known for a great many years, and as a Japanese writer has recently said, existed and was known among skin diseases in the Chu dynasty or about 700 years before Christ. It is also believed by others to have been introduced into Europe from America at the end of the 15th century. Where the Americans got it is not known, and so we may say of its origin. It may have originated with Adam and Eve in the garden of Eden for aught we know, but we realize it is with us now, and from present indications has come to stay.

It is a disease which has destroyed more eminent men, indirectly, I may say, than any other of the chronic diseases. This may seem to be a very broad assertion, yet who will deny the influence or important part it may play in predisposing the system to the disease that causes death. We know in the later stages as well as in the earlier stages the loss of strength, innervation and constitutional weakening we always find. It is not like pneumonia or any other acute or chronic disease, because if it was we should know what to expect and our anxiety would not be long continued. It has its own distinct individuality, in that it goes through the first and second stages in a few months and then may lay dormant for years, ready at any moment, like the lurking foe that it is, to strike down without a moment's warning a man in the very zenith of his career. Perchance it may kill him at once or may condemn him to a life of living-torture—better a thousand times death. It is so capricious in the various ways it manifests itself that one never knows what to expect. The knowledge to some men that they have such a disease is a continual source of worry, and especially so is it to the man who, after perhaps a young life of dissipation, settles down (with something to remember it by) and is anxious to raise a family. It is easy for it to find access to the poorer classes, because so many of the men are addicted to drink, and when under its influence, find their way to low resorts where disease of all kinds runs rampant. Then to the unsuspecting wife and

mother he carries it, and from there it easily finds its way to the unprotected little ones, and here it is that it does its most deadly work. So it is with the young man after his many midnight dinners, when his brain is congested with wine he finds himself led into places he would never think of going were he sober and in his right mind, and there he meets his Waterloo. Then to his physician he goes and has the initial sore treated—maybe a diagnosis is made. If it is, the physician is loath to condemn him to a two years' treatment. He will not believe such must be, and when in two or three months he returns with the secondary symptoms, he remains under treatment again for possibly three or six months, and as the symptoms disappear he disappears, only to find himself in a longer or shorter period with a return of the symptoms, perhaps in a more aggravated form. And so he has gone from one stage to another half treated, and in the end when he awakes to a thorough realization of his condition finds it is too late and that he has lost the golden opportunity for treatment. The young wife who has been infected by the recreant husband becomes a physical wreck before the husband will even acknowledge to her physician that syphilis is the cause. Miscarriage follows miscarriage. Who can deny that perchance it is an act of Divine Providence to limit the spread of this disease. Feeling a great desire to have children, she consults a physician, who can get no history and is thereby handicapped. Much valuable time is lost before the cause is discovered, if at all, and all this time the patient continues to have miscarriages until her very life is despaired of. Perhaps she finds an early grave or is a victim of some of the diseases peculiar to women. If perchance she should have a child it is a poor, sickly thing and may live along for a few years, but almost always succumbs to that mysterious foe, syphilis. It plays a most important part in the diseases of children, fills asylums and hospitals, directly and indirectly, and is a menace to public health and national growth.

Right here let me call your attention to that modern social evil, prostitution. It has existed, is existing and will con-

tinue to exist in all the larger municipalities until the millennium or the moral character of men undergoes a marked change. It is not sanctioned by law, but is tolerated and thereby becomes the greater evil and a mode by which all kinds of disease are nurtured, matured and conveyed to those who frequent such places. If this must be so according to the social customs of the day, put these places under the supervision of the Board of Health, which has a competent physician to examine them every week, the same as it would an infected district in case of a small-pox epidemic, and compel those found with the disease in the first and second stages to enter a hospital or other institution until the danger of communicating the disease to others has past. The readiness by which syphilis is conveyed from one to another proves its contagious and infectious character. All of you here to-night have had some time during your practice a case of syphilis developed from a peculiar source. We have heard of its being transmitted from one to another by cigars. It seems some manufacturers allow their men to tip cigars with saliva, in which way they claim they can make a better tip than by simply wetting them. Recently a case was reported in which the initial sore was caused by a clipping machine used on the scalp. I have seen it carried through whole families of not less than five by kissing, and in one case was carried across the street to another family simply because the children were allowed to come in contact with those infected. In many other ways it is carried. Dental instruments in the hands of a dentist who does not know a mucous patch or a chancre when he sees it, fails to keep his instruments thoroughly clean, uses the same instruments on all cases, are liable to inoculate anyone who has a tooth extracted or filled. Using towels, combs or brushes, and if you will stop to think, you will marvel at the unforeseen ways it may be carried. Which one of you who has treated, or is treating many syphilitics does not keep instruments particularly for their use, and when they leave your office does not feel like having it thoroughly

swept and cleaned? That some means must be taken toward the prevention of the alarming increase and spread of this disease is apparent to all. In its march of invasion it neither spares the humblest nor highest, but all are equally exposed to its relentless fury. That it is increasing alarmingly I am sure you will all agree. Any disease which has not found its Jenner, and has not been affected by the improved sanitary laws, must (if only treated when discovered) necessarily increase. Therefore, we as physicians must strive to prevent its spread, if not by inoculation or some other method, by passing laws which will make the concealment of such cases a crime, as has already been done with diphtheria, scarlet fever, typhoid and other infectious and contagious diseases. That the disease is as infectious and contagious as many of the former is the point I want to impress upon you to-night. The reason I believe it has not been generally so considered lies in the fact that it does not cause immediate death. But yet it is a fact that it plays a most important part in the mortality of young children, and later, as I said before, in men and women at all times in life.

In view of the foregoing facts it seems to me that when a physician makes a diagnosis of syphilis in any case he should be compelled to report the same to the Board of Health, and there let it be registered and investigated as other contagious diseases are. That the law should compel said patient to remain under treatment by his physician or by some incorporated hospital for two years, and if said patient neglected to follow the physician's directions, or did not remain in communication with said hospital or physician, it should be punishable as a misdemeanor, and the physician or hospital that failed to make such report should be punished likewise. Also, that no man or woman who has syphilis should be allowed to marry unless he had first obtained a certificate from his physician that he had been under treatment such a length of time. While such a proceeding would be very unpleasant to those who have the disease, and might seem upon first consideration to conflict somewhat with personal rights, yet

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everyone must realize the importance of taking some action in this matter, it would help to teach and impress upon those who expose themselves to such diseases the meaning of the word syphilis.

We find already in Michigan that cases of consumption are reported to the Board of Health, so that the spread of this disease can be prevented by giving proper advice to those who have it. In our own state each year the different towns throughout the state make report of the number of cases, but that is all that is done. I hope New York state will soon go a step further, not only to report consumptives, but to demand the registration of syphilitics. This is but another step toward preventing the spread of disease and helps to give this nation a longer life and better health.

For the treatment of syphilis we all recognize in mercury a specific if long enough continued. There is a great difference in the treatment—that is the preparation of mercury used. Some use bichlo. biniodide, protoiodide. The latter is used extensively in the New York hospitals, especially in the earlier stages. Mercury with chalk is highly recommended by Hutchinson, and in the cases I have had has been most satisfactory. It must be pushed to tolerance, “as I believe other preparations should be.” I have given as high as sixteen grains a day without any unpleasant results. This preparation produces less intestinal irritation than any other, and you are seldom compelled to give opium with it. The German method by injection was used by me with the best results; a solution of thymolacetate was used and caused a disappearance of symptoms in two weeks. But, must say for this, it is too painful and it is only occasionally you can find a patient who will submit to it. Injections are most beneficial when symptoms do not abate by internal treatment. But I believe the internal treatment is most convenient and if pushed will give better results than the other. The treatment should, as you know, begin from the day the diagnosis is positively made. The iodide of potash when it is called for is best administered by American method, before meals in milk.

Let me here call your attention to the use of syr. iodide of iron, which has been invaluable in my hands when glandular enlargements are found, administered in dessert spoonful doses t. i. d. Other tonics should be used when indicated and everything done to keep up the general tone and nourishment of the system.

For mucous patches that are sometimes troublesome push the mercury and apply bichromate of potash in powder form every other day and use mouth wash of chlorine water, Seillers tablets, or the like. When mucous patches are found in the fauces, pharynx and larynx they should be sprayed with a 5% solution of nitrate of silver. Chewing and smoking should be strictly prohibited.

Treatment should be continued for two years but after the disappearance of all symptoms should, I believe, be intermittent. This is the time to use the mixed treatment with smaller doses of mercury than was used in the earlier stages.

I hope this subject will be thoroughly discussed that in the near future some action may be taken toward the prevention of the spread of syphilis.

## Psoriasis: A Clinical Lecture,

BY

WILLIAM S. GOTTHEIL, M. D.,

Dermatologist to the Lebanon Hospital, the North-Western,  
and the German West-Side Dispensaries, N. Y.

Gentlemen: The patients that I show you to-day are classical examples of a common disease, and are on that account perhaps more worthy of our attention than those rarer affections that but very seldom come to the notice of the general practitioner. And they will serve me as a text in calling your attention to certain new and very eligible forms of treatment that have been developed in the last few years, and which have largely superceded the older methods.

The first patient is an excellent example of a guttate Psoriasis, Psoriasis Universalis, in a female 33 years of age. She has had the malady, to her own recollection, ever since her fifth year—the usual history of these cases: though it does occur *de novo* ever in advanced age, and the defective memory and carelessness of our dispensary cases often lead them to claim that the present is their first attack. It has been constantly present, in some degree, ever since the patient can recollect; at times almost disappearing, and then, under influences that we are ignorant of, advancing and spreading over the body until it occupies areas as extensive as that which you see affected at the present time. Her entire body is covered with white, scaly spots, looking much as if some molten waxy material had been liberally sprinkled on it with a large brush. Each such spot consists of a heaped-up mass of silvery epidermic scales, which can be readily removed with the finger nail, leaving a reddish, slightly elevated papule behind, at points of which the torn tops of the papillæ of the skin show as minute bleeding points. The scales are lamellæ of fused epidermic cells, and their peculiarly silvery appearance is due to presence of air between them.

The entire surface of the body is sprinkled with these guttæ; but in certain localities, and more especially on the flexor surfaces of the joints of the extremities, they are most abundant, and form more or less continuous scaly masses with but little healthy skin between them. So abundant is this scaling that the patient scatters a cloud of minute lamellæ around her as she moves when stripped; and several large handfuls can be gotten from her clothing. The epidemic proliferation is quite rapid in these cases; but it is only parts not often washed that it occurs to so great an extent as you see. On the face and hands, where soap and water have not been so sparingly employed, there are no scales at all; only the low reddish papules mark the existence of the disease. It is important to note this fact, for in some cases, where the disease is not extensive, the patients have removed all the scales before they come, and the apparent absence of so characteristic a symptom may lead to an error in diagnosis.

The scalp is covered with more or less confluent Psoriatic patches, but the palms and soles are free.

The second case is a male of about the same age, with a very different but just as characteristic disease appearance. Only the knees and elbows are affected. Each of these surfaces, where the skin is naturally thicker and rougher than on other portions of the body, shows a more or less extensive infiltrated patch, with apparently but little scaling; but scraping reveals the characteristic lamellæ. Here also the condition has existed for many years; the scaly infiltrated patches disappear at times, especially during the hot weather; but they always reappear during the winter.

Both patients are evidently in good health; in fact, most psoriatic patients are robust, even when the disease is very extensive. Its cause is absolutely unknown. Heredity certainly plays no part in it. It may be of parasitic origin; but no microbe has been found. The *Epidermophyton* described by Langer is certainly not the etiological factor.

It is to the treatment of these cases, however, that I would call your especial attention. Internal medication is of the greatest importance, especially in cases so extensive as our first one. Arsenic, so little employed by the dermatologist, is undoubtedly of use here, German opinion to the contrary notwithstanding, but it must be taken regularly, and in large doses, and for a long time. It is therefore better given in the pill form. Ichthyol is also beneficial; and we will put both patients on a combination of the two, using a modification of the famous "Asiatic Pill," which is a favorite formulæ of mine:

- |                             |            |
|-----------------------------|------------|
| R. Ammon. Sulph-Ichthyolat, | dr. ii.    |
| Acid. Arseniosi,            | - gr. iii. |
| Pulv. Pip. Nig.             | - dr. iii, |
| Pulv. Glyc. Rad.            |            |
| M. Ft. pil. No. 90.         |            |

One of these is to be taken three times daily, after meals. The amount of Arsenic may be gradually increased until a maximum dose of 1-20 or 1-15 grains is attained.

Local treatment, however, is even of greater importance than internal medication. It is essential in all cases, and is especially important when the face and hands are affected with the disease. The deformity must be removed as rapidly as possible.

Our local treatment will differ in the two cases. In the first and general one it should be systematic and thorough, and it may be summarized as follows:

1. Daily general bath of hot water and green soap. The scales must be entirely cleaned off from the surface of the body, to permit the appliance of topical remedies.

2. After leaving the bath, paint each spot with:

R. Ol. Rusci, or Ol Cadini. dr. ii.

Spirit. Vini,

Aetheris, - - - dr. iv.

Spirit. Lavandulæ, - 9th x.

3. Return to bath and remain there half an hour.

4. After drying, paint each spot with the following:

R. Arthrarobin, or Chrysarobin, - - - 1 part.

Liquor gutta parchæ, or Flexible Collodion, 10 parts.

Arthrarobin is not quite so effective as Chrysarobin; but it is safer. It may be employed over the entire body, whilst Chrysophanic Acid must not be used on the face or hands; not only on account of the very dark staining of the skin that it causes, but also on account of the likelihood of its causing the disagreeable and even dangerous "Chrysarobin Conjunctivitis." If we decide to use it, the Ungt. Hydrargyri Ammoniati must be employed on the face and hands.

By this means the inuncting of the whole body with disagreeable ointments, the use of cloths and bandages, and all nasty paraphernalia of the regular methods is in no way harmed. The evaporation of the etherial and alcoholic vehicles of the remedies leaves them in a thin and hard layer on the skin; and their penetration in these solutions is at least as great as when suspended in the ordinary fatty vehicles.

The local treatment of the second case is more simple. We now possess in the Unguenta Extensa, Collempplastra, and the

Plaster Mulls, a variety of very eligible preparations which are really ointments spread on plaster and so combined, with the basis that they can be used and applied like ordinary rubber plaster. We simply take some of the 10% Chrysarobin plaster-mull, cut a piece to accurately cover the Psoriatic spots and apply them. They fit accurately to the parts, need no cloths or bandages to hold them in place, do not soil the clothing, and, above all, limit the action of the remedy exactly to the diseased area. We will direct the patient to renew these plasters daily until the patches are cured.

Shall we succeed in curing our cases? Yes, for the time being. Every spot of Psoriasis will disappear from the skin; but others will come back in time to take their place.

25 West 23d Street,  
New York City.

## Sir Andrew Clark.—A Reminiscence.

By FRANCES E. WILLARD.

The chief among the great physicians of London has just passed away in the sixty-seventh year of his age. He was Tennyson's physician and Gladstone's; indeed, so great was his fame, that when, two weeks ago, he was stricken with paralysis, 700 messages of inquiry came to his family in a few hours. He was a small, slight man, of what we call the wiry type, and a remarkable illustration of what "mind cure" can do for a person who is determined to live, whether or no. It is said that forty years ago, when he sought admission as a physician in one of the London hospitals, the choice fell upon him in preference to a number of equally eager aspirants, on the basis that he was "a delicate little fellow and would not live long anyway." He was condemned to death in his youth by the verdict of physicians, but eluded the same by a novel process. He flung himself into the hardest kind of work, paying no attention to his fears, but concentrated his forces together on his hopes.

When I went to see him, he extended a hand white as a lady's and soft as velvet, and in a voice that matched the hand, went into a most careful diagnosis of my case, beginning with heredity and ending with the last morsel I had tasted that morning, he followed me throughout every lane of life, ancestral and individual, carefully examined my lungs and heart, saying (I think this was part of his mind cure procure): "Beautiful lungs, beautiful heart, no organic difficulty, over-work, nervous exhaustion. What you need is rest, pure air, cheerful companions, simple diet and no end of out of doors."

His manner was most re-assuring, and had in it a tender considerateness hardly to be expressed. When he asked to take the pulse or see the tongue, he prefaced the request with the words "My dear patient." It was apparent that not only great skill and high character, but a most fortunate manner were the essentials of his success. He prescribed no medicine whatever, saying that he thought very little of it, and that old Mother Nature was the only true physician, and gave me some simple rules which seem to me to be so good that I have had them copied for the benefit of any who may care to profit by the wisdom of a man both great and good, and a physician of unrivaled fame.

At my request he wrote down three aphorisms that he had used during our interview: "Labor is the life of life," "Ease is the way to disease," "The highest life of an organ lies in the fullest discharge of its functions." Here follows what he calls his temporary general instructions:

On first waking in the morning sip about half a pint of water, hot or cold. On rising take a tepid sponge bath followed by a brisk, general toweling. Clothe warmly and loosely. Avoid chills, damp, and passive exposure to cold. Take three simple nourishing meals daily and nothing between them. Breakfast at eight to nine, plain or whole meal bread, or toast and butter with eggs, or fresh fish or cold chicken or game or tongue, fresh, not preserved, and towards the close of the meal about a half a pint of tea not infused over five minutes, or of cocoatina, or of coffee or milk.

Dinner from one to two o'clock, fresh, well-dressed meat, bread, potato, some well-boiled green vegetable if it agrees, and either some simple farinaceous pudding or some simply cooked fruit. Towards the close of the meal drink water.

High-tea, five to six hours after dinner, whole meal bread or toast and butter, with broiled fish or cutlets, or a chop, or cold meat, or cold chicken, and towards the close of the meal about half a pint of black China tea, not infused over five minutes, cocoatina or cocoanibs may be substituted for tea if it is preferred and agrees.

Nothing after this meal except that on going to bed you may sip a tumblerful of water, hot or cold.

Avoid soups, sauces, pickles, spices, curries; salted, smoked, tinned or otherwise preserved foods; pies, pastry, cheese, ices, jams, dried fruits, nuts, raw vegetables, compotes, confectionery, malt liquors, cider, lemonade, ginger beer, much liquid of any sort, and all sweet, sour and effervescent drinks.

Walk at least half an hour twice daily.

Retire as soon as possible after ten. See that your room is airy. Avoid self-notice and self-distrust. Shun ease, and lead a full and regular, an active and an occupied life.

Whenever you have to speak at night, be sure to lie down an hour before tea.

Take nothing between meals.

Never take a sleeping draught.

Take as little medicine as possible. Accept your sufferings. Strength is perfected in weakness. In labor you will find life. If you are terribly run down, some time go away for a fortnight's rest, and with each meal take a teaspoonful of Fellow's Syrup of Hypophosphites.

**The Relative Value of Man and Horse.**—A man in Kentucky while driving was struck by a locomotive and both himself and the horse were killed. The widow sued the railroad company and recovered \$50 for the loss of the horse and one cent for that of her husband.—*Medical Record.*

## Obituary.

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Reuben D. Clark, M. D.

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At a special meeting of the Medical Society of the County of Albany, held in Alumni Hall, on Tuesday, August 14, 1894, at 1:30 o'clock, p. m., to take action on the death of Dr. R. D. Clark, the following remarks, preamble and resolutions were offered:

MR. PRESIDENT:—

We are assembled here to-day to honor the memory of our late deceased member, Dr. R. D. Clark. Dr. Clark was born near Chatham, N. Y. He received his education in the common schools and took a short course in Cornell college. He was a student of the late Dr. J. L. Babcock and graduated from the Long Island medical college and located in Albany in 1874. In his first year of practice he was stricken with typhoid fever; when he recovered it left him with a weakened constitution, disheartened and in financial straits. But he was a worker and being ambitious and energetic, he managed to build up a fair practice. At this time he received the appointment of district physician, which he held for two terms. Afterwards he was appointed coroner and county physician, each of which he held for one term. When the State Dairy commission was organized he was appointed chemist, which position he most ably filled up to the time of his death. He was a close student and devoted much time in reading and research in everything appertaining to his profession. He was skillful in argument and although modest in demeanor had a very decided way of expressing and sustaining his opinions. Dr. Clark was a man of sound judgment and of sterling integrity of character and a faithful representative of that highest type of manhood—a christian gentleman.

Your committee offer the following *preamble and resolutions*:

*Whereas* we, the members of the Albany County Medical Society, have heard of the sudden and untimely death of our

fellow member, Dr. R. D. Clark, and *whereas* we desire to record our sense of the loss we have sustained, *Resolved*:

That in the death of Dr. Reuben D. Clark this society has lost an active and devoted member, who was foremost in promoting its welfare in the community, a conscientious, intelligent and painstaking physician, whose solicitude was for those placed in his care; the state a good citizen and upright official; the home circle a loving husband and father.

*Resolved*: That a copy of these resolutions be transmitted to the family to whom we tender our sympathy. That as a further mark of respect we attend the funeral in a body.

F. L. CLASSEN, M. D.

D. V. O. LEARY, M. D.

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**Cholera from Fear.**—The *Washington Star* gives a striking example of the effects of fear in times of cholera in the following authentic case, recorded in the newspapers of that time:

"In 1853 or 1854, I now forget which, we had the cholera in Wien (Vienna). The professors at the great general hospital in the Alserstrasse had their hands full. A man by the name of Franz Holriegl was then awaiting the sentence of death for murder, and the director of the hospital presented a petition to Emperor Franz Joseph to grant a full pardon to this man, providing the culprit, in return, would consent to sleep in a bed from which the corpse of a cholera victim had just been removed. The emperor granted a full pardon under the aforesaid condition, and the condemned man was only too glad to comply. He was taken into the hospital and ordered to lie down at once in the bed from which, in his presence, the corpse had been removed. The man undressed and went to bed. In less than half an hour he began to vomit, and in six hours he died from cholera. The man died from cholera, which he took from fright. The corpse removed from the bed was not that of a cholera victim, but a man who had met his death from a gunshot wound. The experiment did not take place in a cholera wing, but in the ward for skin diseases."

—Good Health.

THE  
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HOWARD VAN RENSSLAER, PH. B., M. D., EDITOR.

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### ANNOTATIONS.

**Sulfonal as a Sleep-Producer.**— In a discussion which recently took place before the Therapeutical Society of Paris on the comparative value of hypnotics, Dr. Bardet stated that sulfonal produced sleep without anaesthesia and had the advantage over chloral of not disturbing the digestive organs. As a hypnotic in the insomnia of the insane this remedy has gained a high reputation. In an article on the care and treatment of the insane Dr. Wilson (*Virginia Med. Monthly*) says: "Sulfonal is a good hypnotic in doses in from ten to twenty grains; indeed, as high as thirty grains is sometimes given, but the maximum doses of these remedies should not be administered at the commencement. Sulfonal has the advantage of not being disagreeable to take, and can be given with the food; it is now largely used." Dr. Clevenger says that in treating the insane sulfonal has the advantage of solubility in hot tea and coffee and can therefore be given without the patient's knowledge. Recently Dr. Louis Fisher (*Med. Record*, Feb. 17, 1894) has called attention to the value of Sulfonal in the treatment of the opium habit in children. He reports twenty-two cases of chronic opium poisoning in children to whom this drug had been administered for some acute disorder, usually of diarrhoeal character, and its use continued by mother or nurse for purposes of allaying restlessness and irritability. In

the sudden or gradual weaning from opium sulfonal proved an admirable remedy for promoting sleep and overcoming restlessness and as these cases are not infrequent, Dr. Fisher's experience deserves careful consideration.

**A Field for the Medical Philanthropist.**— To prevent the access of malicious microbes to open wounds is the crowning glory of modern surgery. The limitation of specific and other germs so that they cannot prey upon human beings is the foremost element of modern preventive and curative medicine. But the accomplishment of these ends calls for constant vigilance. The exercise of such vigilance is the distinguishing characteristic of the modern doctor. Now medical societies are likely to be infested with individuals whose work is destructive of society health. The repression of such pathological germs is imperative for the best development of any medical society. A good description of such pernicious microbes was given several years ago by the late Sir Andrew Clark in an address before the Clinical Society of London. We quote from the Boston Medical Journal. Dr. Clark said: "For one competent and conscientious worker, there are ten who are incompetent and unconscientious, and who in divers ways hinder our progress and spoil our present possessions. Intolerant of the patient and painful toil of the true worker, acute in the power of superficial observation, gifted with a certain showy versatility, quick at catching hold of new ideas, ingenious in guessing, crude in experiment, loose in therapeutic trials, hasty in speculation, strong in dogmatic assertions, accomplished in the transfiguration and use of other men's work, finding what they want wherever they seek it, unhindered by difficulties, facile in speech, ready in writing, thirsty for notice,—such men, now, alas, not uncommon in medicine, beget papers so quickly they have no necessary relation to time, observation or thought, and flood our literature with their unworthy if not unveracious lubrications. The favorite hunting-ground of such men is therapeutics, and their favorite sport is the catching of remedies, the putting of them to new uses, and the set-

ting forth of their successful results. These men discern no difficulties, have no failures; they can illustrate their successes by scores of cases, and explain them by the most ingenious theories. There is scarcely any limit to the extent and variety of their achievements, and as they flaunt along in the fulness of self-satisfaction they look down with pitying condescension upon those who in the straight and narrow way conscientiously toil with small success in seeking after truth and find strength and solace in their chosen task." Dr. Clark congratulated the Clinical Society of London that at date of his writing it had repressed the bad workers, pathogenic microbes such as he described. We wish every medical society could be similarly congratulated. Certainly the health of the medical profession would be far better than it is. Has not each society surgeons and physicians of sufficient ability and nerve to apply to their own society the laws of asepsis, and when this has failed, the laws of antisepsis? The larger the society the greater the number of these "bad workers," and pathogenic microbes. Indeed, so profound has been the conviction of many that the swarms of such in the larger societies render impossible effective work, that they devote all their attention to societies small in membership, which take good care that no "bad worker," shall be admitted, or if admitted that his life shall be made so uncomfortable that he will withdraw to secure peace. Shall we conclude, then, that this evil element cannot be controlled in the larger societies? Not at all—any more than we shall conclude that a surgical operation cannot be made aseptic. In both cases we must admit the facts and act accordingly. Both call for a certain special knowledge, and unremitting care and determination in its application. In the work of purification by exclusion which is thus set before the medical philanthropist, an inquiry will be made into the professional genesis of the self-seekers so graphically described by Dr. Clark. We drop the hint that most of them will be found to have made a short cut from comparative illiteracy to the medical college, having had no rational preliminary education, no proper and sufficient mental discipline.—*The American Lancet.*

**Hints in the Administration of Sulfonal.**—It goes without saying, that, to obtain the best results from the use of any remedy, it should be administered in the doses and according to the method which clinical experience has shown most calculated to insure its efficiency. The neglect of this rule is often responsible for the divergence of opinion regarding the value of certain drugs among different observers. In the administration of sulfonal, the following points should be born in mind, in order to assure its prompt effects: Sulfonal, powder or tablet, should be well stirred in a glass two-thirds full of boiling water until entirely dissolved. After the sulfonal has entered into solution, cold water may be cautiously added, to reduce the liquid to a drinkable temperature, which, if the patient is accustomed to taking hot fluids, will be one not sufficient to cause the slightest precipitation of the drug; or the hot solution may be permitted to cool to this temperature. To insure success, the sulfonal must be taken dissolved, and the hotter the solution is taken, the better. It is surprising to note the prompt and satisfactory result of this manoeuvre. Sleep results in most cases in a short time, and seems to be more profound and dreamless than that from a larger dose taken in the ordinary way; drowsiness on the subsequent day is scarcely felt, if the dose be properly graduated. If the dry powder or tablet should be preferred, the required dose must be given at least two hours before the usual hour for sleep. The doses must be carefully adjusted to meet the requirements of each case. According to Kast, who introduced sulfonal into therapeutics, the maximum dose should be from 2.3-3.0 gms. (31-46 grs.) for men, and 1.0 gm. (15½ grs.) for women, and this amount should never be exceeded, except to combat excitement, as in insane patients.—*Memphis Medical Monthly.*

**The Use of Guaiacol for Neuralgia.**—M. Ferrands reports that he has made use of the analgesic action of this drug by painting it, mixed with an equal part of glycerin, over the surface in sciatica and intercostal neuralgias. He has obtained relief of pain without lowering of temperature or phenomena of collapse. He has found that there is some cutaneous absorption, inasmuch as the drug has been found in the urine, but in small quantities.—*Journal des Practiens.*

**A Sugar Diet for Athletes and Working Men.**—There is a reason for all things, and at last the universal habit of indulging in sweetmeats has been vindicated by Dr. Vaughan Harley in the "Proceedings of the Royal Society." Voit and Pettenkofer long ago proved that muscular work could be produced by carbohydrates, while more recently Chaveau and Kaufman, in comparing the quantities of sugar that disappeared from the blood while the muscles were contracting and while at rest, found that four times more sugar was used during the period of muscular activity. From personal experiments Dr. Harley finds that the amount of work performed on a diet of sugar alone, for one day, is nearly the equivalent of that done on a full diet. The amount of muscular work done on a fasting day was increased two-thirds by eating about a pound (five hundred grammes) of sucrose, showing that sugar, when taken alone, is a muscle food. By adding seven ounces of sugar to a small meal, the muscle-energy-producing effect was so great that the total amount of work done was increased about one-sixth, while its addition to a large meal caused about one-eighth more daily work to be done. By adding about a half-pound (two hundred and fifty grammes) to the usual meals, the muscular work done during an eight-hours day was increased fully one-fourth. Eating sugar about four o'clock in the afternoon prevented the usual evening fatigue. In every case where other food was taken the eating of sugar caused a marked increase in the resistance to fatigue. As sugar has become nearly as cheap as flour, it need no longer be used for sweetening only, but might be used very profitably as a muscular power producing element in the daily diet of such workingmen and athletes as are blessed with good digestions.—*Medical Record.*

**Rapid and Perfect Staining of Gonococci.**—Lanz suggests, in the *Apotheker Zeitung*, the following method, which the editor of the *National Druggist* can recommend from personal experience: The secretion is spread on the cover-glass and fixed by heat in the ordinary way, only care should be taken

not to overheat. It is then placed in a 20 per cent. aqueous solution of trichloracetic acid and left there from 30 seconds to one minute. The secretion takes on almost immediately a white appearance. It is then slightly rinsed with clear water and the superfluous moisture removed by the aid of bibulous paper. The cover-glass is again passed through the flame two or three times to fix the secretion and it is then floated, charged surface downward, on a methyl-blue solution prepared as follows: In a capacious test tube mix 30 cubic centimeters of distilled water and one or two drops of liquor potassac, and add saturated alcoholic solution of methyl-blue until the mixture assumes a dark blue color. Leave the color-glass in contact with this solution from two to five minutes, remove, rinse well and let dry. The preparation may be mounted in balsam or dammar, or it may be examined at once in glycerin.

In this mode of preparation the cocci do not appear so large as when the older process is used, but their contours are far more neatly and sharply brought out, the cocci appearing deep blue, while the cellular material shows up much lighter, and of a matt or cloudy color. If desired eosin may be used as a contrast color, but care must be taken to use it sufficiently diluted. Thus double stained, the gonococci remain deep blue, but cellular elements take on a rosy hue.

Very fine effects are produced by placing the cover-glass, after staining with methyl-blue, as directed, and rinsing in a weak aqueous solution of Bismark brown, and leaving it in contact from 15 to 30 seconds. On examination, after rinsing, etc., the cellular protoplasm will show up greenish brown, the nuclei the same color but more pronounced, while the gonococci will remain dark blue, or, if left long in the dark brown solution, a dark blue brown. The gonococci stand forth remarkably sharp and distinct in the latter case, and with good objectives have almost a stereoscopic distinctness.

After trying all other processes, the editor of the *National Druggist* gives the last one the preference.—*Am. Druggist and Phar. Record.*

**A Word to the Busy Doctor Regarding Haemorrhoids.—**

In all complaints of rectal troubles, make diagnosis before you prescribe. If piles, discover what kind, whether external or internal, bleeding or not bleeding, protruding or not protruding. External, inflamed piles require, in a degree, the same treatment as internal, yet the external require an astringent which the internal cannot bear. Bleeding piles need different treatment from those that do not bleed, and protruding piles special treatment, especially if they resist reduction. External piles are of two varieties: 1, External tags of skin; 2, Venous tumors. External tags of skin, when inflamed, constitute one of the most painful varieties of piles. An ordinary prescription can do but little good. Ointments cannot be absorbed. The application of heat or cold is productive of more positive results; use flaxseed poultices or cloths wrung out in hot water and changed often. If heat is unpleasant to the part, apply very cold water in the same way. If an astringent is necessary, make a solution of sugar of lead; bowels should be moved daily, salines as good as any. An injection of a quart of cold water will afford some relief. A radical cure consists in the removal of the tumor. Never try to push tumor inside of rectum. The treatment of internal piles is different from the class just cited. The danger from this class is hemorrhage or strangulation; either may endanger life. An indiscriminate prescription of an ointment accomplishes nothing. Far better is an application of cold water, when not protruded; an injection of cold water, when not protruded but painful, gives more comfort than all the combination of ointment usually prescribed. If the person who is troubled with the protrusion of internal piles is directed to take a cold water injection every morning to move the bowels, to bathe the pile tumor in cold water after an evacuation, anoint the mass with plain vaseline, then push it back, and under no circumstances to use paper as a detergent, much comfort will be gotten out of these directions. If internal piles both bleed and protrude, a little different treatment is used. The hemorrhage must be looked to; when protruding

an examination can be made and if no bleeding points are found the following will be found good:

R. Vaseline . . . . . oz. j.  
Acetate lead . . . . . gr. xx.  
Pulv. opii . . . . . gr. xv.  
Balsam Peru . . . . . dr. j.

M. et sig. Apply to pile after washing with cold water.

If protruding external piles are accompanied with much pain, some complication exists, usually ulceration. Washing with hot water will be found more agreeable, to be followed by the following prescription, which contributes much to relief:

R. Cocaine . . . . . gr. vij.  
Ex. opii . . . . . gr. xx  
Ext. belladonnae . . . gr. xvij.

M. et sig. Apply after washing. Then return mass.

At bedtime use the following suppository:

R. Iodoform . . . . . gr. iv.  
Molph. sulph. . . . . gr.  $\frac{1}{3}$

M. Ft. sup. No. 1. sig. Insert at bedtime.

Itching is often mistaken for piles; if itching is a most prominent symptom, it will most likely be found to be pruritis. If piles we have an itching of the surrounding parts, the following is suggested:

R. Vaseline . . . . . oz. j.  
Ichthyol . . . . . dr. j.  
M. Sig. Apply often.

—*Mathews' Medical Quarterly.*

**The Treatment of Typhoid Fever.**—Dr. Osler, of Baltimore, in discussing the treatment of typhoid fever at a recent meeting of the Clinical Society of Maryland, said:

He thought that the antipyretic drugs were entirely superfluous in this disease. The cold bath is more efficacious, but is not always available in private practice; but all the good effects of the bath can be obtained by sponging. A good nurse or doctor can sponge the patient so effectually that the

fever will be satisfactorily reduced. When the temperature is high, ice sponging—not with ice water, but with lumps of ice—over the back and legs will reduce the temperature very pleasantly to the patient, and satisfactorily to the doctor. Delirium and stupor are also effectively treated by ice sponging. The use of modern antipyretics in typhoid fever is, in nine cases out of ten, positively hurtful. They reduce the heart's action, and cause weakening sweats, and their use is an unmitigated evil. In the great majority of cases the treatment may be taken from old Dr. Nathan Smith, of Yale, which was pretty much that of to-day: Plenty of fresh air, liquid diet, and cold externally. He was in the habit of turning out the friends of the patient, putting the patient on the floor, and then dashing water, handed through the window by an assistant, over the patient.—*Canadian Practitioner.*

**Rational Therapeutics.**—Dr. P. H. Pye-Smith, in *The Practitioner*, concludes a very readable paper with the statement that the list of specific remedies, mercury, quinine, ipecacuanna, iron, arsenic, and salicyl compounds, is not a large one. He would urge the importance of (1) first giving fair play to direct and simple remedies. (2) Testing the efficiency of physiological remedies; to make sure that potassium acetate, or broom or resin of copaiba, does increase the amount of urine passed, and not give them with the vague notion that they do good in dropsy. (3) Using our true specifics, which are well tried and certain, thoroughly with confidence and perseverance, pushing the doses until we get some evidence of their physiological action. (4) Mixing our purgative, diuretic, and other physiological drugs, but always giving our specifics each by itself. Lastly, he would urge the uselessness of many and much-advertised new drugs, for which are claimed wonderful specific or physiological powers on the slightest possible grounds. It takes a lifetime to know how best to use opium, digitalis, and other trustworthy drugs.—*The Canadian Practitioner.*

**Indications for Weaning Very Young Infants.**—The lives of many children are jeopardized by the efforts of the conscientious mother to do what she cannot do. Every infant whose nutrition is difficult to maintain should be weighed twice a week. A child need not gain rapidly, but it should always gain steadily unless there are obvious signs of disease. During the first six months, failure to gain in weight is always due to inadequate feeding. If a child is sleepless or restless, the probabilities are very great that the food is insufficient. Then there will be frequent and continued crying, and the stools irregular and abnormal in appearance. It will be noticed that when the supply of milk is insufficient, the infant will often nurse a half to three quarters of an hour, and then stop, not because it is satisfied, but because it is exhausted. If the supply be abundant, but five or six minutes will be sufficient to satisfy the child. The milk should be examined to determine whether the quantity or quality or both are affected. Some idea of the amount of milk secreted by the breast may be obtained by the amount withdrawn by a breast pump, or by the appearance of the breast in the intervals of nursing. But neither of these can be wholly depended upon. Two or three weighings of the child before and after nursing, on a scale indicating half ounces, is the most reliable method. The specific gravity of the milk may be determined by a hydrometer, indicating from 1020 to 1035. Very little importance is to be attached to the size and appearance of the fat globules under the microscope. A glass cylinder holding ten cubic centimeters is filled to zero mark with freshly drawn breast milk, and after standing for twenty-four hours, the percentage of cream is read off. There should be at least five per cent of cream; eight per cent is better. The relation of cream to fat is very nearly five to three. The best of all, however, is the Babcock centrifugal machine. This will detect differences of one-tenth per cent of fat. If we regard the sugar and the salt as practically uniform, we may, from a knowledge of the specific gravity and percentage of fat, arrive at an approximate idea of the amount of proteids. The

specific gravity will vary greatly with the proportion of proteids, and inversely with the proportion of fat.

The specimen taken should be after nursing three or four minutes, or better still, the entire quantity drawn from the breast, because the first milk is slightly richer in proteids and very much richer in fat. This examination may show: (1) an over rich milk; (2) milk poor in quality, but not scanty; (3) good quality, but scant in quantity; (4) quantity abundant, but poor quality.

The first condition is more commonly seen in those living in luxury. Alcohol should be prohibited. The quantity of meat should be reduced and the nursing woman should be required to take outdoor exercise. The second condition is most often seen in careworn and anæmic mothers. It is often difficult to obtain even the one-half ounce desired for examination in these cases. It is of the first importance that the nursing mother should be undisturbed at night; she should be out in the open air every day; the diet should be liberal, and she may be given some of the malt extracts. If her condition be due to confinement, the prognosis is good; but if due to her high strung nervous condition, the prognosis is bad. In all cases of scanty supply of milk, the entire quantity of milk should be obtained from the breast. The quantity may be increased by increasing the quantity of fluids taken, and especially by drinking freely of milk. In the fourth class, the mammary glands act chiefly as filters, the milk being merely a transudation instead of a true secretion. On the whole, artificial feeding gives so much better results than doubtful nursing, that I am inclined to stop nursing sooner and begin artificial feeding rather than waste time in prolonged efforts at making the mother do the impossible.—*The Kansas Medical Journal.*

**Treatment of Small-Pox by Colored Light.**—Owing to misunderstandings which have arisen as to this method of treating small-pox, Finzen has formulated the following rules:

1. The windows and doors must be protected by red curtains or red glass; when the curtains are made of paper or thin

material, three or four layers are necessary, but one layer of flannel is sufficient. Red glass of a dark tint, such as used in photographers' lamps, is to be preferred. Electric light and gas are to be avoided, but stearin candles may be used when visiting the patient. 2. The treatment must be commenced as soon as the eruption has appeared, and continued without interruption until the vesicles have dried up. 3. Any other treatment, internal or external, which may be indicated in a given case, can be combined with this treatment. 4. when properly carried out, this method will insure a speedy recovery without scars, even when the case is severe.—*Hospitals-Tidende*.

**Identification of the Intestine.**—Da Costa (Med. News) points out that on opening the abdominal cavity the discrimination between the large and small intestine can be promptly made by passing the finger around the presenting portion until it reaches the peritoneal attachment, and following this back to its origin. It is found that the mesentery arises from between the left side on the second lumbar vertebra and the right sacro-iliac joint; while the mesocolon will lead the finger posteriorly to quite a different location.—*Philadelphia Polyclinic*.

**Prickly Heat.**—Dr. Politzer finds that in prickly heat the horny layer of the epidermis is swollen by imbibition of water, the rete malpighii slightly oedematous and containing cystically dilated sweat ducts, the blood vessels of the papillary layer gorged. His view of the etiology of prickly heat is that it develops on a skin soaked in perspiration and insufficiently supplied with fat. He recommends patients suffering from it in summer in hot climates to anoint the regions usually affected with a fat after the morning bath, the fat he advises being lanoline with the addition of a little olive oil.—*Medical Times*.

**Ichtyol Suppositories in the Treatment of Prostatitis.**—Dr. A. Freudenberg has made use of this method of treatment in about 30 or 40 cases since March, 1891. It is most useful in subacute and chronic cases, relieving the pain upon defecation, pressure and other subjective symptoms, as well

as the enlargement and hardening of the gland. The ammonium preparation was employed in dose from seven to fifteen grains in cocoa butter; 30 to 40 grains, as a rectal suppository, two being used each day. No observation upon prostatic hypertrophy are recorded.—*Centralblat fur Klinische Medicin.*

### Patience and Patients.

#### A Paradox.

" Say Doc! I'm feelin' sort of tough, been knocked out for a spell.  
Fact is, since '63, I never have been well;  
I've had the quinsy and the piles more'n a hundred times I guess,  
An' right here in my stomach, there's a feelin' of distress:  
It's there when I get out of bed, and stays there most all day,  
Exceptin' when I get my grub, it generally goes away;  
An' I'm runnin' to consumption, fer I cough just like the deuce;  
'Though I never spit up very much, except terbacker juice.  
And I can't stand work of any kind; I've tried, but the fact  
Is, Doc, when I go to work, a pain comes in my back  
That almost takes my breath away; you laugh, but 'taint no joke,  
The only thing to stop them pains, is to light my pipe and smoke.  
Terbacker always used to work on me just like a charm,  
But lately it has lost its grip, and it fills me with alarm.  
You can bet I ain't no grumbler though, and the times has been so  
close,  
I sort o' hesitated 'fore comin' for a dose:  
But if you kin do me any good, why just trot out your pills;  
I ain't pertikler 'bout their size, but I am about your bills.  
A dollar fer that little box? That pain's come back! Great Scott!  
'Taint strange you doctors all get rich, jest charge this to me, Doc."

LAVERNE A. BARBER, M. D.

Kellettvile, Pa.

THE

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## PHARMACY A SCIENCE.\*

BY WILLIS G. TUCKER, M. D.,

ALBANY, N. Y.

GENTLEMEN:—

In conformity with our usual custom we meet this evening at the opening of another session. Established in 1881, the Albany College of Pharmacy has grown in influence and, we trust, in usefulness and in reputation, and now occupies a position of such prominence that those who manage its affairs are mindful that their responsibilities have increased and that their acts are scrutinized by many observers interested in the progress of pharmacy, and that they will not escape censure if they be negligent in the performance of the duties devolving upon them. When our work here was begun, the nearest colleges of pharmacy were those in Boston, New York and Cincinnati, and we felt that a need existed for a school in this section of the state. We believe that in this opinion we were not mistaken, for the increasing patronage which this school has received has abundantly demonstrated that such a need existed. So rapidly has the idea gained ground that pharmacy is a profession and not a trade, a science rather than an art merely, that during the thirteen years which have followed the opening of this school the number of like institutions in this country has increased from ten or twelve to fully thrice the latter number and most of the laws which regulate the practice of pharmacy in this and

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\*The introductory address delivered at the opening of the fourteenth lecture course at the Albany College of Pharmacy, October 1, 1894.

other states have been enacted. It behooves those who conduct these institutions to see too it that they are so managed that the cause of sound learning shall be advanced. Instruction must be thorough; facilities for imparting it must exist, and the endeavor must ever be to approach a high standard of ideal excellence. It is by no means to be supposed that this high plane can speedily be attained, but if the intent be steadily kept in view the results accomplished will necessarily be better with each succeeding year.

The assertion has not infrequently been made that schools of pharmacy are private institutions which find a reason for their existence in the desire of their faculties to secure pecuniary return for services perfunctorily performed, or that if this be not the chief object it is, at all events, a not unimportant one. In other words it has been said that a desire on the part of the teachers to benefit themselves outweighs that of educating their pupils, and that self-interest rather than real devotion to the cause of education would account for the existence of most of our schools. Such assertions may have been, in the past, not entirely devoid of truth, but at the present day they have little foundation in fact and are generally unjust. It can scarcely be claimed that educators of any class are entirely unselfish, or that they are engaged in purely philanthropic work. The public have no right to ask that any teacher should give his services to the people without a return, nor do they so ask, though as a matter of fact such services are frequently rendered. The only question worthy of consideration is, whether an educational institution, public or private, is doing good work, giving good instruction to those who have a right to expect it, and so far as our colleges of pharmacy are concerned it seems to me that, all things being taken into consideration, this question must be answered in most cases in the affirmative. And some of the things which must be taken into consideration, are that the schools are mostly unendowed and dependent for their support upon their receipts from tuition; that the majority of the students entering upon their courses

are insufficiently prepared to prosecute their studies to the best advantage; that the patrons of the schools, in most cases, demand that the college work shall engage but part of the student's time for a small part of the year, in order that he may be free to fill a clerkship during the period that he is in attendance upon the school; and that the diplomas of the schools do not, in all cases, confer the right to compound and dispense drugs. These facts being considered, I do not hesitate to assert that our pharmaceutical schools are doing as much work and as good work as can be reasonably expected of them at the present time. But it will not do for the schools to rest satisfied with existing conditions and present limitations. It is for them to create a public sentiment in favor of better preparation on the part of the student, and to insist that more time be allowed him for the prosecution of his studies. It is for them to show the necessity for thorough training, and their readiness to furnish such training as soon as the public are willing to support them in their endeavors, and then, when the value of their diplomas has been demonstrated, to demand such legal enactments as will add to them the seal of official recognition. The schools then have a mission, and they are derelict in the discharge of their highest duty if they cease for a moment to insist that the true pharmacist must be an educated man and not a tradesman merely, and that the public owe it to themselves to recognize this fact and to aid the schools in carrying on their work by liberal support and encouragement, and by giving official recognition to such as are entitled to receive it.

This subject is one which naturally involves a consideration of the relation of the State to the whole educational problem if it is to be adequately treated. There are those who believe that the State should furnish to all its citizens not only an elementary education, but that it should either itself maintain free colleges and professional schools, or provide for the admission to such institutions of all those who are worthy of receiving this instruction and are, through lack of means, unable otherwise to obtain it. Those who hold

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such an opinion view with alarm the rapidly widening chasm that separates the favored classes from the great masses of their fellow men, and they are not inclined to look with much favor upon the growth of educational institutions the doors of which are practically closed to all but the wealthy and the leisure classes. In an address to the Alumni of Madison University in 1878, Horatio Seymour well said :

“Our literature, derived so largely from other countries and periods, sometimes misleads us. Ideas which once have gained a firm hold on the public mind, live long after they cease to be true, and their terms continue to give false impressions. The phrase ‘educated classes,’ suggests the idea which is so general, that education is something which belongs to classes, and not to all conditions of men. This had its origin in those days when learning was locked up in religious establishments, where alone it found refuge from the rudeness and disorders which marked the dark ages. It was so rare, that he who could read had certain exemptions from punishments for crimes, and hence comes the phrase of ‘benefit of clergy,’ which is still in use, although so many years have rolled away since it had any legal significance. At a later day, when colleges were resorted to by laymen, they still retained many monastic forms, and we find traces of these even in our own land, in such phrases as ‘college walls,’ ‘seats of learning,’ and in a certain air of seclusion in their sites and usages. There is still in the public mind an impression that colleges and academies are in some way mainly for the advantage of particular professions, and not for the general good. It is true that this is the case in Europe, but it is not true here. There society is so stratified that what aids one class is of little benefit to others. The feeling that education in its highest forms gives advantages to some at times to the cost of others, is untrue and hurtful. Our society is not stratified or divided by hard, unyielding lines of demarkation; our governments know no distinction of rank; our usages make the freest intercourse among all; binds them in the strong bonds of common interest; makes

constant changes in wealth and influence, and shifting relationships are rules, not accidents, in our social system."

But the relation of the State to the education of its citizens is a question so broad that I do not propose to enter upon its discussion at any length this evening, though I cannot pass it by without insisting that the time has come when our professional and technical schools ought to be established upon such a basis that no pupil deserving of advancement should be turned from their doors because of inability to pay the required fees. Wealth is often an accident, and social position not always the result of merit, and the State best protects its own interests when it provides for its citizens such educational facilities as will best fit them to render it good service. This view of the duty of the state will be opposed by many, including in our own state those who yet regard even our high schools with disfavor on the ground that "the money of all should not be used for the education of the few." The Regents of the University have recently issued a bulletin entitled "High Schools and the State," in which it is shown how "resistless is the march of the idea that every community in the state with sufficient population must have for its children free high school privileges," and I have quoted this paragraph because it seems to me that every argument used in this bulletin in favor of free high schools may be employed with equal propriety in favor of free colleges and professional schools. "There are," says the bulletin, "three forces antagonistic to the high school: 1. The selfish rich, unwilling to contribute their taxes toward the education of the masses. 2. The selfish 'aristocrats', unwilling that the sons or daughters of the poor, perhaps of their own servants, shall enjoy equal opportunities and often surpass in acquirements the children of 'their masters.' They profess that the poor were born to serve and that it is demoralizing to social order to fit them to attain the highest and best positions simply because they have the natural ability for leadership. 3. The demagogue, who always fears and dreads education because it robs him rapidly of his constituency. \* \* \* Many of

those of most wealth and of highest social position are the strongest advocates of public aid to higher education, but the selfish rich and aristocratic always furnish a contingent to aid designing demagogues in opposing the spread of education. The result has been uniform and the gain in recent generations both at home and abroad is beyond the hopes even of the educational champions. \* \* New York has for over a century been the pioneer state in encouraging secondary education, and to one who reads aright the connection is manifest between the improvement and growth of its schools and its wonderful material prosperity."

This is eminently sound and applicable with equal propriety in favor of state aid to the higher institutions of learning. It seems hardly necessary in this connection to emphasize the fact that the state is coming to deal more and more definitely with the relations existing between its citizens, and with the rights, privileges, immunities and responsibilities of individuals and of combinations of individuals in societies, associations, corporations and trusts. The complexities of modern life render us more dependent upon each other than are the members of a primitive community such as may exist in a recently settled and sparsely populated region. With increasing population and a higher civilization come new wants and new methods for supplying them. What individuals cannot accomplish must be done by the united action of the many, and thus are developed our associations and corporate bodies upon which special privileges are conferred by the State. In modern society the individual has to do not with other individuals alone, but with associated bodies of men with whom he comes into daily contact on every side, and with the people as a whole, that is, the State, the government of which it is his duty to support and the laws of which he must obey. These relations have, of course, always existed in civilized communities, but they are rapidly becoming more and more complex, and, as a result, new laws, defining and regulating these relations, are constantly being enacted. With many there is a growing fear that the rights of the individual are being endangered, and

they denounce what they term paternalism in government and further centralization of the governing power. They hold that the State should govern as little as possible and should guarantee to every man the right which has been termed, but never can be truly called, unalienable, to life and liberty, and the pursuit of happiness in such manner as he may deem desirable. But the majority of thoughtful men, appreciating the fact that the welfare of the people at large is more important than that of any individual, recognize the necessity for imposing restraints upon men in their dealings with each other, and the clearer perception of this fact during recent years has led to the enactment of many new laws. In our own state, for example, we have laws regulating the practice of most professions and the conduct of many trades, and legal restrictions are deemed as necessary in the case of the preparation and sale of foods and drugs as of firearms or poisons. The pharmacist finds himself no longer a mere dealer in commodities, free to buy, manufacture or sell, where, when and how he chooses, but perceives that he is hedged about with many, and often complicated, restrictions. He is generally free to buy in what market he will, subject only to such regulations as similarly control those engaged in other pursuits, but he finds that since his sales are regulated, it is generally to his advantage to purchase through certain channels of trade in order that his stock may be such as will conform to established standards. He may manufacture what he will, under certain restrictions, but when he would dispose of his product he must see to it that it is of such a nature and quality as will comply with the laws which regulate its sale. And so he finds that his acts are governed and that he is limited and controlled on all sides and that it is very essential that he should know both what is required of him by the State and how he may comply with these requirements.

Now it is the duty of colleges of pharmacy to instruct their pupils in both of these directions. They should teach what the legal requirements governing the practice of pharmacy are, and how they may be met. Especially should the statutes

which relate to the sale of drugs and of poisons be explained, and then the teacher of pharmacy should devote especial attention to the official standards of our own, and in some cases of foreign, pharmacopœias, and the teacher of chemistry should explain and demonstrate the means to be employed in determining the quality of official preparations, and the instructor in *materia medica* should give like information as to the quality more particularly of those pharmacopœial articles which are derived from the vegetable or the animal kingdoms. Were these subjects thoroughly taught, so as to be well understood, I am convinced that illegal sales of inferior or adulterated drugs and medicinal articles would be much less frequent than they are, at the present time. I think that many pharmacists fail to appreciate their responsibility in this matter. They buy their stock through certain trade channels, in many cases with little or no inquiry as to quality, often in the lowest market, apparently under the impression that the responsibility for any inferiority rests with the manufacturer or wholesaler, whereas in reality they alone are responsible, it being their bounden duty to know the quality of the drugs which they employ in the manufacture of their preparations or directly dispense. The retail pharmacist cannot legally shift this responsibility for quality, and morally he should not attempt to do so. A dealer in ordinary commodities of any kind is supposed to be sufficiently expert to know the quality of the articles which constitute his stock in trade, and assuredly a pharmacist may be supposed to know enough of drugs to distinguish between the real and the spurious, the good and the bad, and he manifests a culpable negligence or incapacity when he claims ignorance in such a matter and pleads that because he purchased his supplies of this dealer or of that, he is therefore free from blame if they be of inferior quality. Where such claims are advanced it may in many cases be shown that no sufficient reason of any kind existed for supposing that an inferior article was of satisfactory quality and complied with the established standard, for it may have been bought at wholesale under some trade name with no

expressed or even implied guarantee that it corresponded with the pharmacopœial, which is in this state the legal, standard. Often the pharmacist does not know or take pains to inquire what this standard is. To him safflower is crocus; Hoffman's anodyne of the trade is compound spirit of ether; lac sulphur and precipitated sulphur are synonymous terms; one grade of ether is as good as another, and age or manner of keeping have nothing to do with the quality of his drugs. To such an one changes in the pharmacopœia are of little moment. If he has one at all it is of small consequence whether it be that of '50 or '60 or that of '90, for he does not feel called upon to consult it. If changes are made, so much the worse for the pharmacopœia, for he is conservative to the extent of preferring to do as his predecessors have done before him.

If any one doubts that this description is applicable to many men engaged in the practice of pharmacy to-day, I have only to reply that the records of our State Board of Health, which is charged with the duty of administering the laws relating to the sale of drugs, will show that they are by no means uncommon. The trouble lies in this,—that too many pharmacists place a low estimate upon the dignity and responsibility of their calling. Instead of regarding it as a profession they prefer to look upon it as a trade and, viewing it as such, they fail to see that it is based upon scientific principles, an exact knowledge of which is essential to its prosecution, respectably or legitimately. Let me repeat that it is the duty of colleges of pharmacy to emphasize, and persistently to teach, that pharmacy is a scientific pursuit, and that to this end they should insist upon the need of a thorough preliminary education on the part of those who enter upon their college course. They cannot *require* this preparation at present, for an unendowed school that did so would soon have to close its doors from lack of pupils, but I believe that a school able to adopt such an entrance requirement, and maintain a correspondingly high standard throughout its course, would after a time find that it was drawing the best pupils from all localities, and that its diplomas would be rated at their true worth. Meantime until

pharmacists generally are awakened to the importance of this matter, and until the public is led to look at it aright and more stringent laws are enacted, what have we to hope for in the way of reform? In a general way this question may be answered by saying that unless a public sentiment favorable to a measure exists there is little hope that a handful of reformers can inaugurate it. Laws may be enacted, but if the majority of the people deem them unwise, and their enforcement inexpedient, they remain inoperative. If, therefore, in the interests of scientific pharmacy we desire to bring about reforms we must first address ourselves to the task of enlightening those who have adopted this calling, and after them, the public, as to the need of such reforms, and we must be content to advance slowly even in this direction. For I am fully mindful of the difficulties with which we are beset and the discouragements which we are bound to encounter. The business of the pharmacist is not as remunerative as it formerly was, for too many have entered upon it with the idea that it requires little capital, is easily conducted and yields large profits. Undue competition and all sorts of trade complications have resulted, which have reduced the profits of employers and the salaries of employees. Under such conditions it is useless to say to students that they must abandon all idea of earning a salary for the time being and devote several years to preliminary training, and three or four more to a college course, before they can enter upon the business even as clerks. Here and there may be a man possessing ample means and earnest desires who may be able and willing to do so, but the number will be small. I am of the opinion that the reform must proceed from the top downward—that the public must be shown the shortcomings of our present system and that the State must restrict the right to deal in drugs to those who have proved themselves competent. In our own state we have a board of pharmacy, created by legislative enactment, and this board has done all that could have reasonably been expected of it under the law and in the present state of public opinion, but an enlightened public

sentiment would support this board in raising much higher the standard of requirements and to this end—to the creation of an enlightened public sentiment in this matter—should all those who have the real interests of scientific pharmacy at heart earnestly devote themselves. By the concerted action of our colleges and pharmaceutical associations, with the support of the leading pharmaceutical journals, much might be accomplished and a new order of things ere long might be instituted. That there is much in the situation that is disheartening I have perhaps sufficiently indicated but this is no reason why we should despair. "Whoever in great things", says Sir Philip Sidney, "will think to prevent all objections must lie still and do nothing." He only is to be entirely condemned who, seeing that an existing order is wrong is nevertheless content to accept it, indifferent to the evil results which flow from it and to the wrongs which it is his duty to endeavor to remedy. If therefore, we fail not to assert what we deem to be true in this matter, urging the need of a higher standard in pharmacy, we shall at all events have been not entirely remiss in the performance of our duty.

Now I trust that in what has been said I may not have been misunderstood. Assuredly nothing has been further from my intention than to bring any general charge of incapacity, cupidity, or desire to evade legal requirements, against pharmacists as a body, for among them are to be found a very large proportion of intelligent and able men whose sole aim is to conduct a legitimate business in a creditable manner. Those who err, do so, I am convinced, chiefly through ignorance and not of deliberate intent. They fail to recognize the dignity of their calling. They regard as trivial and unimportant what the scientific pharmacist deems all-important. Precision, scrupulous accuracy and conformity with established standards, are not by them deemed to be fundamentally essential. Never having been trained by study or by practice to cultivate these qualities and estimate them at their true value, they are naturally careless in the preparation of the medicines which they dispense. In some extreme cases the

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practice of dealing in all kinds of sundries, frequently including books and newspapers, cigars and beverages of every description, curiosities and toys, results in crowding so far into the background the drugs, that if it were not for the ornamented jars and bright-colored show-bottles in the windows it would be difficult to tell the real nature of the store. Are we to believe that pharmacy has reached so low an ebb that it must be combined with a trade in a thousand and one things that have no more connection with it than the serving of writs or the taking of affidavits has with the practice of medicine? I cannot believe that such is the case. In very small places where a drug store could not be supported the sale of certain drugs may necessarily be joined to a trade in other commodities, but the sale of miscellaneous merchandise should not be combined with the sale of drugs, and the conditions which render necessary such a combination are essentially wrong and ought to be corrected. Experience in other professions and callings ought to teach something in this. The public is ever ready to pay, and pay liberally, for expert services. The physician or the lawyer, the architect or the engineer who has shown himself competent and skilful does not need to hunt for business, for it seeks him, and he has no hesitation in charging, and the public is ready to pay a price for his services which is proportionate to their value and his reputation. Why may not a dealer in drugs who establishes and maintains his business on a strictly scientific basis succeed as well? I believe that he can, and that the time is coming when pharmacy will be raised to the high plane which it has the right to claim as its own, and given a place among occupations requiring the highest technical skill and the most exact knowledge.

In speaking of the enactment of laws regulating the professions, the sale of drugs and poisons and kindred matters, reference was made to the doubts which many entertain as to the propriety of too much state interference in such affairs. It cannot be denied that unnecessarily inquisitorial supervision of professions or other pursuits is to be deprecated and that

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any legislation in this direction which is not clearly necessary to the protection of the public is to be condemned. That some boards are created, commissions appointed, and inquiries instituted with the object of creating new political places rather than of subserving the good of the public is, I think, undeniable, and that some of these boards are managed with a view to making political capital and strengthening political control, rather than in the interests of the people is, I believe, equally true, but the responsibility for such meddlesome legislation and maladministration should be laid at the doors of the legislative bodies which have enacted the measures, or the executives who have administered them. The results of some of the inquiries authorized by law and conducted by state officials may be of questionable value, but that gross adulteration of our staple foods and the sale of inferior drugs should be prohibited, and incompetent men and dishonest charlatans be barred out from the professions, seems to me to admit of no dispute. Room for difference of opinion as to expediency in some cases there may be, but the public deserves, and should be afforded, protection from ignorant pretenders in the professions, and untaught bunglers in trades requiring experience and skill. Within the past few months the question of woman suffrage has been actively discussed in this state and I hope, and sincerely believe, that in the not far distant future, women will be given the same rights as men at the polls in the Empire State, and in all the states, for I believe that their influence will be helpful in many directions. In a timely contribution to a recent number of the Century Magazine Senator Hoar has well said:—

“ Now I maintain that the management of schools, whether it depend on legislation or administration; the management of colleges; the organization and management of prisons for women, of hospitals, of poor houses, of asylums for the deaf and dumb and the blind, of places for the care of feeble and idiotic children; the management and improvement of the hospital service in time of war; the collection and management of libraries, museums, galleries of art; the providing for

lectures on many literary and scientific subjects in lyceums and other like institutions; the regulation, so far as it can be done by law, of the medical profession, and of the composition and sale of drugs; the management of our factory system, and the employment of children; and a great many other kindred matters which I might mention, taken together, ought to make up, and do make up, a large part of the function of the State. \* \* \* \* Now for all these things women are as competent and as well qualified as men."

I believe this to be true and cannot doubt that the weighty and unanswerable arguments which have been advanced in favor of woman suffrage will in time outweigh the objections, chiefly of a sentimental and purely hypothetical nature, of its opponents. Women have displayed signal ability as members of lunacy and charity boards; as superintendents of prisons for women; as trustees of hospitals and asylums for the insane, and as members of boards of education, and by such services have demonstrated their fitness for public office in such, and in many other, directions. We may well ask ourselves how long can the State afford to do without their services. Perhaps we may measure the future growth of the woman suffrage movement by observing how rapid has been the enlargement of woman's sphere in the past. Twenty or thirty years ago but two or three occupations were, in this country, open to women. She might sew or she might teach if she could get the chance, but the professions were closed to her and there were no openings for her in the mercantile world, but now we find her engaged in all our business houses, in the public service, in all the professions, and taking high rank in literature and art, if not yet in science. I am glad that the practice of pharmacy is open to her. The second class graduated from this college included a woman and at various times since women have been numbered among our pupils. I know of no college of pharmacy in this country which does not admit them and, in my opinion, they are well fitted to do just the kind of work that the practice of pharmacy demands. Women are by nature more orderly,

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accurate, cleanly and painstaking than men, and these are the qualities that are essentially important in pharmacy. With proper training there is no reason why they should not serve most successfully as drug clerks and I hope to see the number thus engaged rapidly increasing in the future.

In the course of these remarks reference has been made to that time-honored and all-important work, the United States Pharmacopæia, the new edition of which, resulting from the labors of the Committee of Revision of 1890, became our official standard on the first of January last. It would not seem to be necessary in this presence to enter upon any description or defense of this work, which has for so many years been regarded as an authority on all matters pertaining to the *materia medica*, but notwithstanding the fact that it has been for so long a time before us in its successive decennial revisions, and that all our dispensatories and systematic treatises on pharmacy and pharmaceutical chemistry are based upon it, the pharmacopœia itself finds no place in many stores and in many others is seldom referred to. This, at first sight, seemingly inexplicable fact, is due in part to the somewhat anomalous position which it has occupied, for while it has been our only national text-book it has not been, in the widest sense, an official work. It has largely lacked the legal sanction which, in most countries, is conferred by law upon works of its class, and though it is now recognized in some of our laws, both state and national, and is made the legal standard in some of our states, it yet lacks, in the fullest sense, the seal of official recognition. The committee on revision is made up of delegates from pharmaceutical societies, colleges and other bodies, and while certain government officials are members of this committee, they serve by reason of fitness only and not by official appointment. Our pharmacopœia is therefore, in a sense, a private work, and it is a legal standard only in so far as it has from time to time been recognized in our legislative enactments. It occupies, therefore, a different position in the different states and only in so far as it has, in any state, been recognized by law, can it be said to be an

official work. The laws of New York require that all drugs and medicines, which are included in the pharmacopœia, shall conform to the standard of quality laid down therein, so that in our own state, as in several others, it is legally recognized and in a sense, official. Other reasons than this there are why the pharmacopœia fails to receive that general acceptance which is its due, but of these I will mention one only. Our dispensaries and standard treatises, I have said, are based upon the pharmacopœia, so that either of our great dispensaries contains, practically, all that is included in the pharmacopœia, and a great deal more in the way of commentary, which amplifies, supplements and discusses the text, adding much that is of inestimable value, but not infrequently burying the text under voluminous glosses. One of these dispensaries is always deemed an essential in every store, and often to the exclusion of the pharmacopœia, since they, in a sense, include it, but as they must be revised every time that a new pharmacopœia appears, and as they are large and rather expensive works, many druggists continue to use the old editions, through a disinclination to purchase the new. As a result, we have a lack of uniformity, not only in our nomenclature, but also in the processes employed, and in the quality and strength of many important pharmacopœial preparations. Other evils, which I will not stop to enumerate, naturally result from the failure of druggists as a whole, to accept and uniformly to follow a single standard,—that is the last revision of the pharmacopœia.

Now, the point which I am anxious to impress is this,—that whatever its precise legal standing here or there, the pharmacopœia is the best and only official guide, in any sense, that we have, and that we are in duty bound to accept and to follow it. It is an admirable work, definite, concise, precise, scientific in plan and arrangement, and the educated pharmacist will not only follow its nomenclature exactly, but he will see to it that every article contained therein is prepared according to its directions, and corresponds with its requirements. Let me urge you from this day forward to take it as

your standard. Follow it implicitly, and in applying the tests which it enumerates, make sure that its precise directions are complied with. Observe, that in the new revision, the weights and measures of the old editions, and the "parts by weight" of the pharmacopœia of '80, have been replaced by the metric units, and that this is a change of very great importance, and a very great improvement from every point of view. Therefore, lay aside all prejudice based on ignorance, and accept and adopt the new units as all other scientific workers the world over have done, and you will soon be convinced of the superiority of the new system and ready to admit that the change was a wise one. Have the pharmacopœia always before you. Turn to it first in every case in which you are in doubt, and then, if further information is needed, consult the more exhaustive treatises which are based upon it. I can hardly overestimate the advantages which would result if the pharmacopœia were really used as it ought to be used in the every-day work of the pharmacy, and this must be my excuse for dwelling upon a point, which, did I not know how its use is neglected, would hardly seem to need more than to be stated.

With to-morrow, the real work of our course commences. It is our privilege and our pleasure to welcome back to this place some of those who last year, or during previous years, have been enrolled as our pupils, and to greet others whose course of systematic study begins from to-night. Words of admonition and advice are easily given and not always welcome. They are often unheeded, but the interest I feel in your success prompts me to disregard such considerations and address to you a few words of counsel which I trust may be received in as kindly a spirit now as they have been in the past. May I ask you to remember first of all that you have come here to *work*. Your desire to fit yourselves the better to discharge the duties of your calling is, I trust, the sole reason for your being here. Not because of the associations of such a place, nor because of the diploma here to be obtained, after certain work is done, and the importance attached to it by others,

should you be here, but because you can improve yourselves with the aids here furnished you, and thus legitimately promote your own and true best interests, have you, we trust, entered upon your course. Some of you have left homes where you have been more largely under the control of others than you will be here, and it is very desirable that this, your liberty, be not abused to your detriment and loss, but that it should be profitable to you and promotive of all that may tend to your best and truest advancement. Look to it then that you make the best use of your time and refuse to waste it in frivolous pleasures or profitless undertakings. You will be associated with classmates, and, to a certain extent, a class feeling and sympathy is justifiable and to be commended, but such interests should never be allowed to interfere with your own personal duties. You have your own way to make, not selfishly or in a narrow spirit, and yet you are bound to advance your own interests in every legitimate manner. Recognize at the outset your own shortcomings and endeavor to correct the faults and make up for the deficiencies. We all start upon the real work of life handicapped in various ways. "Some of our weaknesses are born in us; others are the result of education: it is a question which of the two gives us most trouble," says Goethe. It should be our endeavor, by a rigid self-discipline, to correct these hereditary faults and overcome those which we owe to an evil environment, so that we may build upon a good foundation. Be ever ready to receive new light and never hesitate to follow that which you see to be truth. Do not hesitate to change your opinions or inherited beliefs, or abandon unreasonable notions and prejudices, remembering with Emerson that "a foolish consistency is the hobgoblin of little minds." You are to be doers and not hearers only, not merely mentally accepting but actually practicing that which your conscience accepts and your reason approves. Do not be satisfied to live in a rut and to do as others have done, and think as others have thought. It is far easier to drift with the current than to make headway against it, but in these days, when so much new light is com-

ing into the world, be ready both to receive and to reflect it, for the principle in optics that a medium which perfectly absorbs can reflect nothing, does not hold in morals. We are bound to let our light shine even at the risk of being classed with the cranks by the conservatives who oppose, and the superficial who ridicule, all true progress. In all things be seekers after the truth,—in your studies, in your business, in every relation in life, and your study of the natural sciences will in large measure be barren of good result if it fail to create within you that love of truth for truth's sake which should influence every act you perform. Make the most of your opportunities, improving every advantage to the full, remembering that the time is short and the field wide. You will meet with failure, but make your failures the stepping stones to future successes. "What is defeat?" cried Wendell Phillips, "Nothing but education, nothing but the first step to something better." Starting with an honest recognition of your own shortcomings; a mind open to conviction and receptive to new truth; a resolute determination to succeed; a willingness to work, and a determination to be overcome by no ordinary discouragements or obstacles, you have every reason to expect that success will attend your endeavors, and when you come to the end of your course you will at least have the satisfaction of feeling that you have done your duty so far as you saw it to be such, and to the best of your ability.

## Obituary.

### Francis G. Mosher, M. D.

Memorandum for minutes of the special meeting of the Medical Society of the County of Albany, held on September 26th, 1894, on the occasion of the death of Dr. Francis G. Mosher.

Dr. Francis G. Mosher was born in the town of Bethlehem, in this county, in 1823; he began the practice of medicine immediately after graduating at the Albany Medical College in 1848, and died at Coeymans Saturday last, beloved, respected and regretted by an unusually large circle of patients and friends. For nearly fifty years he had resided in the same locality, and because of his urbanity of manner, his professional skill and his sound judgment in all matters of business, had long been looked up to and relied upon by his fellow townsmen. His two brothers, Drs. C. D. and Jacob T. Mosher, both, also in their day well-known and highly-respected members of this Society, passed away before him.

Dr. Mosher's unassuming, retiring disposition led him to select as a matter of preference a quiet country practice. Those, however, who knew him well, socially and professionally, would readily testify to the fact, that had ambition urged him to enter into the competition attendant upon residence in a larger community, success would no less certainly have crowned his efforts. He had an excellent library, with the contents of which he was thoroughly familiar. His powers of observation were acute and well-trained. His mind was logical and well-balanced. His considerate and courteous treatment of all with whom he came in contact, high or low, rich or poor, was noteworthy. In few men are more of the elements of success in any calling combined.

While we are thankful that he was permitted to round out the allotted three score years and ten, we no less feel the loss of a wise counselor and firm friend.

S. B. WARD, M. D.

A. VANDER VEER, M. D.

JAS. P. BOYD, M. D.

W. H. BAILEY, M. D.

T. M. TREGO, M. D:

**Treatment of Infantile Convulsions.**—J. Simon (Gag. des Hop. Feb. La Med. Inf., May, 1894,) divides the treatment of infantile convulsions into four stages: (1) In the first place the digestive canal should be emptied, as in four-fifths of the cases, the convulsions are due to indigestion or obstinate constipation. A warm enema should be given with oil, glycerine or salt. (2) To calm the nervous system, ether or a few drops of chloroform should be given by inhalation. After the enema has acted, a clyster containing chloral and musk should be given (8 grains of chloral to an infant of three to six months, 11 grains to an infant of nine months and 15 grains to one of a year, with twenty drops of tincture of musk) in three or four parts to insure its retention and absorption. In addition, a mixture containing small doses of bromide of potassium and tincture of musk should be given every hour or every half hour. (3) In obstinate cases, cutaneous revulsives should be used, such as mustard baths (from one to three), or a blister to the back of the neck, left on for three hours. (4) In seeking the cause of the convulsions, if indigestion, constipation and enteritis be absent, search should be made for burns and other sources of cutaneous irritation, foreign body in the nose or ear, hernia, undescended testicle, or retention of urine, but especially for evidence of uremia. If there be reason to suspect that condition, the treatment prescribed should be counter-irritation over the kidneys, hot-air baths, leeches to the mastoid process, or venesection. When the attack has passed off the infant should not be considered out of danger until it has passed water freely.—*British Medical Journal.*

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HOWARD VAN RENSSELAER, PH. B., M. D., EDITOR.

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### ANNOTATIONS.

**Aseptic and Septic Surgical Cases with Special Reference to the Disinfection of Skin, Sponges and Towels.**—Lockwood has added another contribution to this subject (*British Medical Journal*, 1894, No. 1726). This paper is a continuation of two previous reports which appeared in the issues of the same journal of October 25, 1890, and May 28, 1892. The investigations have been conducted on the same line as laid down in these communications. The difficulty of rendering the skin sterile, as has been so often remarked upon, is emphasized by the present investigations. In a number of operations the skin was disinfected with the greatest care, after the most modern methods, including vigorous scrubbing with soap and warm water, followed by carbolic lotion 1:20, bichloride lotion 1:000 and 1:500, solution of potassium permanganate and solution of oxalic acid; notwithstanding, small portions of skin dropped into culture-tubes invariably resulted in the growth of one or more of the various bacteria which infect the skin. Some of the operation wounds, however, ran a sterile course. The comparative inefficiency of corrosive sublimate and carbolic acid to inhibit bacterial growth was demonstrated by mixing solutions of these chemi-

cals, in different proportions, with broth cultures, and it was found that inoculated colonies continued to grow in these media. The failure of watery solutions to penetrate the pores of the skin has been recognized for some time, and an effort made to overcome this defect in the technique by employing alcohol, ether or benzine. In view of this fact the author was induced to employ glycerin as the vehicle for applying the chemical antiseptic. Accordingly bichloride in glycerin 1:2000, and carbolic acid in glycerin 1:20, were applied after the usual preparation of the skin, twenty-four hours before operation. This plan was more successful. In about half of the cases test-tubes inoculated with fragments of skin so prepared remained sterile. Inasmuch as biniodide of mercury is not precipitated by albumin, it was thought that this substance might yield more satisfactory results. Of two trials, however, the skin was found by culture-experiments to have been aseptic in one and to contain staphylococcus albus in the other.

Of 21 experiments upon the disinfection of the skin which have been carefully detailed, 7 were successful; in 6 the wounds healed by the first intention, without either local or constitutional reaction. In 14 of the cases the skin was sceptic—9 of these healed by first intention and 5 suppurated. In none of these, however, was the suppuration severe or prolonged.

In regard to disinfection of the hands, the author states, the best results have followed the usual thorough scrubbing with soap, hot water, and nail-brush, cleansing the nails and then immersing them for one minute in a 1:1000 solution of sublimate in alcohol.

The observation on the disinfection of towels is interesting. Three of four towels which had been soaked for two hours in 1:20 carbolic solution were found to contain staphylococcus pyogenes albus. In another case a towel which had been immersed for twenty-four hours in a solution of the same material was sterile. The result of the use of bichloride was also not uniform. Of 6 experiments in sterilizing towels by

the steam sterilizer for half an hour, 5 were successful and 1 failed. The latter was attributed to the towel having been tightly folded during the sterilizing process. The author believes this method may be relied upon; the towels being kept, of course, in antiseptic solutions after being taken from the sterilizer.

The sponges were prepared as follows: If new they were well shaken, then soaked in hydrochloric acid (1 drachm to a pint) for twenty-four hours. Next they were thoroughly washed and squeezed out in water at the temperature of 100F.; and then immersed in a cold solution of sulphurous acid (1:5) for twelve hours, being kept below the surface of the water. Lastly they are squeezed as dry as possible and placed in carbolic solution 1:20, ready for operation. Of 12 experiments with sponges so treated, 11 were found to be sterile, the failure having occurred when the process was carried out by an inexperienced person. As carbolic acid evaporates rapidly, the jars containing the sponges must be tightly stoppered. These experiments show that asepsis is with the greatest difficulty obtained with chemicals, but once secured, either by this means or by heat, dilute solutions of chemicals suffice for its continuance.—*The American Journal of the Medical Sciences.*

**Rewards for Fecundity.**—The Province of Quebec has a law bestowing 100 acres of government land upon every father of a family who has twelve living children, issue of a lawful marriage. Up to the present, 174,200 acres of rich land has been given away in bounties to 1742 fathers of twelve or more children who have complied with the conditions of the act. Not all these proud fathers, however, are satisfied with the amount of the bounty, for instances of families of twenty or more children are not rare, and the fathers of these want a proportionately higher reward for their patriotic efforts. One old gentleman, Mr. Paul Belanger, of River Du Loup, wants 300 acres, and bases his claim upon the fact that he has 36 living children. Another claimant for an increased allow-

ance is Mr. Theoret, of St. Genevieve. His wife, who is but 30 years of age, has presented him with 17 children. She has just given birth to triplets for the second time in five years, and has had twins three times. Mr. Theoret hopes to acquire a large portion of the province if his wife will continue to do her share.—*Medical Record.*

**The Cholera.**—The epidemic in Russia has assumed large proportions again during the past week, or else, as is very probable, the invasion of new districts for several weeks past was kept secret by the authorities until the number of cases became so great that further concealment was impossible. During the week ending September 8th, 6,376 new cases and 3,192 deaths were reported in Russia proper, and the weekly average of new cases in Russian Poland is 5,000, with mortality of about 50 per cent. The disease is very prevalent in Nijni-Novgorod, where the annual fair is now being held. In Galicia and Bukowina, during the three days ending September 9th, there were 533 new cases and 304 deaths. Since the beginning of the epidemic there have been 6,958 cases of cholera and over 3,000 deaths in these provinces. The weekly average of cases reported in Germany is about 50. It is believed that the Rhine is infected, as cases have occurred on the Rhine steamers. The disease is undoubtedly epidemic in Marseilles, although the authorities persist in their denials that cholera is present there. Most of the Mediterranean ports have established quarantine against that city. Other towns in France in which one or more cases of the disease have occurred, are Paris, Bordeaux, Rheims, Reuil and Man-celsur-Scille. An increase in the number of cases is also reported from Belgium,—eleven having occurred in Liege on September 5th, and new cases are constantly being discovered in towns on the Meuse and Sambre rivers, and also in places along the Maas, which is the continuation of the Meuse in Holland. A Bavarian immigrant died in Cumberland, Md., a few days ago with symptoms pointing to cholera, but an investigation by the Marine Hospital authorities has shown that the case was not one of Asiatic cholera.—*Medical Record.*

**Boiled Water for School Children.**—The prefects in the several French departments have issued orders to the various schools, requiring that all drinking water supplied to the pupils shall be boiled, and that the cleansing of the floors, desks, etc., of the school rooms be no longer done with dry dusters and brooms, but with moist cloths, to prevent spread of dust. Once a week a thorough cleansing is to be carried out with an antiseptic.—*Memphis Medical Monthly*.

**Disinfection of Rooms.**—For the disinfection of poor lodgings, in which tuberculosis patients had died, Sheridan Delepine (Manchester) recommends solution of bleaching powder for the following reasons:

(1) The parts to be disinfected would necessarily be saturated with moisture; (2) Clorine, in the nascent state, would be generated where it was wanted, and much smaller quantities of disinfectant would be therefore sufficient; (3) There would be no necessity to use any complicated contrivance to secure the diffusion of chlorine, or to prevent its escape, though it might be well to keep the air saturated with moisture, to prevent the too rapid drying of the walls; (4) The assistants could apply the material without discomfort, and much less intelligence would be required on their part in the carrying out of their duties; (5) After the application of the solution, chlorine would continue to be evolved as long as all the chlorinated lime has not been decomposed, and that without anything further being required to be done after the first two or three hours; (6) The rooms would be fit for use as soon as dry again, and no poisonous substance would remain attached to their walls, as when perchloride of mercury is used; (7) If necessary, it was easy to increase its activity by adding acids to the solution, or by saturating the air of the rooms with acid fumes, and raising the temperature for a few hours.

Three series of experiments to demonstrate the efficacy of this method yielded entirely satisfactory results. The method of procedure recommended is as follows:

1. A solution of chlorinated lime (1 to 10) should be prepared. 2. The walls, ceiling and floor should be washed with this solution, applied in the same way as lime or whitewash is usually applied. 3. This process, should, for safety, be repeated three or four times in succession. By starting each time at the same corner of the room each layer would have time to penetrate into the paper and partly dry before the next is applied. 4. The room should then be closed as well as possible, a small, safe petroleum stove being first placed in the middle of the room, precautions being taken to prevent any chance of fire. Over this stove a large tin basin, full of water or chlorinated lime solution, should be placed. (By a simply devised water-bath arrangement a small capsule full strong acetic acid or hydrochloric acid might be placed over the boiling water, and in this way acidity of the air would be secured. This would cause a more rapid setting free of chlorine.)

"Chlorinated lime itself does not spoil things as much as one would expect, and can be used as indicated in rooms from which all hangings and carpets have been removed without any fear of damage, provided the walls and ceilings are not decorated with valuable paintings or papers. In the poor dwellings it is evident that this is not an obstacle to its use. Small petroleum stoves, perfectly safe and giving much heat, can be obtained for a few shillings, and large tin dishes for a few pence."—*Medical Chronicle*.

**Safranin Reaction in Sputum.**—A simple test as an aid to diagnosis is suggested by Zenoni. It depends upon the fact that mucin is colored yellow by safranin, while albumin is stained red. In the sputum of bronchitis, mucin predominates, while in that of pneumonia, there is a much larger proportion of albumin. Zenoni therefore prepares a cover-glass specimen of the sputum by spreading the latter out in a thin layer on the former, places it at once in absolute alcohol, and leaves it for a quarter of an hour. By the end of that time the film becomes coagulated and fixed to the glass. The preparation is then stained in a half-saturated aqueous solution

of safranin. When the cover-glass is removed, it is partially dried and then placed on a white ground and examined. If it is stained a yellow color, mucus predominates in the sputum, and the case may be assumed as bronchitis only, while if a red color appears, albumin was the chief constituent, and pneumonia was probably the condition present. This test, if proved to be trustworthy, would be a considerable aid to diagnosis in those cases in which the physical signs of pneumonia are doubtful. Especially would it be of value in the case of children, if a sample of sputum could be obtained, as can usually be done with a little trouble. But further trial will be required before it can be generally accepted.—*London Lancet*.

**The Lying-In Hospital at New York City.**—This institution is nearly a century old, but has never yet had a building worthy of the name of hospital. The society caring for the institution has recently determined upon a new and radical departure. It has obtained possession of an exceedingly valuable and handsome property, the Fish mansion at the corner of Seventeenth street and Second avenue. The cost of the property is over \$200,000, of which \$90,000 is a cash payment. Money from the original fund has been expended, year after year, under the direction of a board of managers, in supplying physicians to poor women in need of attention at their homes. Rented rooms in the building at 314 Broome street have been occupied by the society for office purposes for a number of years. The old Fish mansion is to undergo alterations, and will be used as an administration building for the society, and in the near future they expect to erect a hospital on the adjoining grounds.

The society was organized expressly for charitable purposes, and the hospital which they will build will be a place to which poor women can be sent for treatment. It is not connected with any church or creed, but it has a number of wealthy friends who would give of their money in aid of the charity. Heretofore, the work of the society has been mainly among the poor women in the Hebrew quarter of the city.—*The Journal of Am. Med. Association*.

**Sanitary Science in America.**—Dr. de Pietra Santa, editor of the *Journal d'Hygiene*, says that among the United States, Michigan, Massachusetts and Minnesota are among the countries of the world in which sanitary science, both theoretical and practical, has made the greatest progress.—*Medical Record*.

**The Prevention of Cracked Nipples.**—The *Lancet's* Paris correspondent says: “The direct relation of mammary abscess, occurring during the period of suckling, and excoriations of the nipple is now fully admitted. Many mothers object to suckling their infants on account of the dread of its complication. Artificial feeding, with its frequent failures, is then resorted to, and the child suffers. Antiseptic washing of the nipples has greatly diminished the frequency of abscess of the breast, but cracked nipples continue to be of common occurrence. For the last ten years Professor Pinard has been in the habit of advising nurses, as a matter of routine, to keep the nipples covered with a compress saturated with a solution of boric acid. This precaution has had the effect of markedly diminishing the frequency of lymphangitis, but instances of an increase of temperature in young mothers due to microbial infection of the nipples are still numerous. M. Lepage strongly recommends that the nipples should be regularly washed with the following solution: Red iodide of mercury, 10 to 20 centigrammes (2 to 4 grains); spirit of wine, 50 grammes (1 pint). If, after using this for a few days, the ulceration disappears, substitute a solution of boric acid. Any crack that may develop is covered with tarlatin moistened with the mercuric solution. The following figures appear to confirm M. Lepage's good opinion of the comparative value of his method. In 331 cases of lying-in women whose breasts were treated by the Pinard method, there was an increase of temperature in 67,—the corresponding figures in M. Lepage's cases being 23 out of 440. Moreover, the healing of the cracks is said to be expedited and the pain greatly diminished by the mercurial treatment.—*New York Medical Journal*

**The Cholera** persists in Eastern Europe, Southern France and Holland. The Czar has countermanded the orders for the holding of the army manœuvres at Smolensk, owing to the prevalence of cholera in that vicinity. In Galicia, during the three days ending Saturday, there were 237 new cases and 121 deaths, and in Bukowina, within the same time, 38 new cases and 21 deaths. The Austrian troops marching through this district to take part in the annual military manœuvres have assisted in spreading the disease. The Roumanian Government has established a military cordon on the frontier to prevent the introduction of the disease from Bessarabia, but as it cannot stop the flow of the infected river Pruth, it is difficult to see what good the cordon will do. Owing to the infection of the Vistula, and the consequent spread of cholera in the Eastern provinces of Prussia, the orders for the army manœuvres in the neighborhood of Dantzig have been countermanded. In many of the towns in these provinces the authorities have closed the public baths and forbidden the use of unboiled water and raw fruit. A death from cholera was reported in Bordeaux on August 10th. The case was imported from Marseilles, where 21 deaths occurred during the fortnight ending August 17th. Cases are still reported in Amsterdam, Rotterdam, Naestricht and other places in the Netherlands. A death is said to have taken place from cholera in Chelsea, in the southwestern part of London, and several cases were found among the crew of the Baltimore, which arrived off Gravesend from St. Petersburg, on August 7th.—*Medical Record*.

**Women in Medicine.**—Without egotism, we think that the women in medicine as a class are superior to men as a class; because it is the picked woman, whose desires are above the common level, who enters the profession. It takes grit and gumption to be a woman physician even to-day, for the woman in the profession must have a double motive for success; she must succeed for her own sake as well as for the reputation of capability all women desire. This may not seem fair, but it is nevertheless true.—*Woman's Medical Journal*.

**The Health of the Czar.**—There seems to be no doubt that the Czar of Russia is seriously ill, though the reports as to the nature of his malady are very contradictory. He has been said to have diabetes, influenza, simple coryza, rheumatism, mental disease, Bright's disease, epilepsy and apoplexy. It appears probable, however, that the trouble from which he is suffering is nephritis, following upon the attack of influenza pneumonia with which he was visited last winter. Professor Leyden, of Berlin, was called to see the Czar in consultation with his regular physician, Dr. Zakharin, and has advised him to pass the coming autumn and winter in some mild climate resort in southern Europe. He has gone temporarily to Livadia in Greece.—*Medical Record.*

**Value of Combining Heart-Tonics.**—Convallaria majalis is a simple cardiac tonic and safe remedy, in action similar to digitalis, but not so marked; it causes slowing and increases the force of the heart-beats. But it will frequently be found in lessening compensation, that convallaria, strophanthus and digitalis individually fail or disappoint after a time; and that a combination of all three often produces an effect little short of marvellous. Once or twice in recent years I have been called in consultation over cases of advanced mitral disease, in which central failure has shown itself by extensive dropsy of the limbs, oedema of the lungs and liver, and a general water-logged condition of the system. On inquiry as to the exhibition of digitalis, the reply has been, "He has had it," with perhaps a like response as to strophanthus and convallaria. But they had not been given collectively; and when this was done, benefit speedily accrued to the patient, and credit to his medical advisors.—*The Clinical Journal.*

**Medical Journals in the United States.**—There are 221 medical journals published in the United States, but then there are 100,000 physicians.—*Medical Record.*

## REVIEWS AND BOOK NOTICES.

**The Modern Treatment of Hip Disease.**—By C. F. Stillman, M. D. “The Physician's Leisure Library,” Geo. S. Davis, Detroit, Mich.

This convenient little volume forms one, and by no means the least valuable, of a new series designed to supply the practitioner with the latest views of several well-known authorities on various practical points. It is confessedly a compilation, but the opinions quoted are recast in a very concise form and classified in such a natural and logical manner that one can determine almost at a glance the relative value of the methods of treatment proposed.

The term “Modern” in the title is justified by the list of authorities referred to, and all necessary aid is furnished by the numerous wood-cuts of apparatus here reproduced. We are especially pleased to note that the author condemns the so-called “physiological method” of Hutchinson, where the weight of the diseased limb, swinging clear from the ground while the sound limb is lengthened by a high shoe, is the only traction force.

We cordially recommend this little work as a clear and safe guide in management of a very trying class of diseases.

S. R. M.

## PAMPHLETS RECEIVED.

Brain Surgery with Report of Nine Cases. By F. C. Schaefer, M. D.

The Cause and Cure of Malignancy. By William Thornton.

A Case of Primary Tuberculosis of the Laminæ and Spinous Processes of the Vertebral Column. By John B. Roberts, M. D.

What Shall We Do For Hip-Joint Disease? By A. M. Phelps, M. D.

The Present Status of the Open Incision Method for Talipes Varo-Equinus. By A. M. Phelps, M. D.

Remarks upon Appendicitis. By Maurice H. Richardson, M. D.

The Physiological Role of Antitoxine Inoculations. Editorial in *The American Therapist*.

Diet for Health. By John Aulde, M. D.

Nucleins: A Clinical Study. By John Aulde, M. D.

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## INAUGURAL ADDRESS.

### Semi-Annual Meeting Albany Medical Society.

BY THE PRESIDENT, DR. O. D. BALL.

*Gentlemen:*—

I wish to crave the indulgence of the society for a few minutes while I point out some of the conditions which we as a society or individual members thereof, may be more or less interested in. It is my duty and pleasure, first, to return you my sincere thanks for the honor you have conferred upon me by appointing me to preside over so learned and honorable a body of medical men as the Albany County Medical Society is and has ever been. It gives me great pleasure to meet you here at this time, the commencement of our regular winter session, and to have the assurance, as I have had from most of the members of the society, that they will enter heartily into the work I have suggested to most of the resident members. I have thought it best that we devote all the regular monthly meetings to a free discussion of the diseases of the kidneys, considered both in their medical and surgical aspects, and it occurs to me that the papers offered in this discussion may be printed, bound and offered for sale, the proceeds of which may be very profitably applied towards carrying on the

society's work in bacteriological investigation. The discussion of diseases of the kidneys will give those who are working in special lines a chance to furnish papers on the subject, and it is hoped we may have a discussion that will prove not only of interest, but of great educational advantage to us all. Meetings for miscellaneous papers that may be offered will be called as often as necessary, and it is hoped that many such will be presented, especially by the younger members of the society. Young men cannot do better than to put their thoughts and observations on paper and offer them for the criticism of their older colleagues.

Owing to the changes which we hope are likely to occur in the municipal affairs of the cities of this state in the very near future, it seems proper and perhaps desirable that I should at this time call your attention in as brief a manner as possible to some of the conditions in our own city and county wherein changes might be made both in the interests of economy and of better service in the departments which we, as medical men, represent to some extent.

There are employed in the public health department of the city of Albany eight physicians with combined salaries of \$5,400, besides one physician to each of the police and fire departments. These, as I understand, are all independent positions, and so far as I know make no reports as to what work they do, if any, are under no discipline and are accountable to the appointing power, and to him or them only, except the health officer who reports to the Board of health.

It seems to me that a properly qualified health officer, such a one as we now have and three assistants, one of whom should be a bacteriologist and all under the direction and control of the health officer having a responsible head would do all the work now performed by the ten men now employed in a much more satisfactory manner, both to those who require their services and to the city which employs them. There is, however, no reason why a city should pay its legal adviser \$6,000 and its medical adviser, who spends equally as much of his time, \$1,800.

Another question which is and has for the last twenty or more years severely agitated the minds of the citizens of Albany, is the question of water supply. What I wish to say on this subject affects the whole of our county, for over two-thirds of the population of Albany county receive their water supply from an open sewer or its tributary. It is an incontrovertible fact that we have much more typhoid fever and allied diarrhoeal diseases here than we ought in comparison to other towns less unhappily situated. We can, I think, say with absolute certainty that our excess of these diseases is due to our receiving their specific germs through our impure water supply, for it has been established as nearly as such a subject ever can be, that if we can prevent the specific microbe of a specific disease from entering the body, that disease can never originate. It is then of some importance that we as medical men who teach and believe this truth, use every endeavor to see this principle carried out to its logical conclusion. How, then, can we accomplish this end. In answer, permit me to call your attention to the report of Prof. Koch of Berlin on the late cholera epidemic at Hamburg, which city receives its water supply from the river Elbe, and at the time of Dr. Koch's report, like our own, without any effort at purification whatever. He describes the situation in these words: "The three towns of Hamburg, Altona and Wansbeck are situated on the right bank of the river Elbe, being contiguous and really forming a single community not differing, except in so far as each has a separate and different water supply. Wansbeck obtains filtered water from a lake which is hardly at all exposed to contamination with feacal matter. Hamburg obtains its water in an unfiltered condition from the Elbe above the town. Altona obtains filtered water from the Elbe below the town. Whereas, Hamburg was notoriously badly visited by cholera, Wansbeck and Altona, if one excepts the cases brought from Hamburg, were almost quite free from the disease. Most surprising were the conditions of the cholera epidemic along the boundary between Hamburg and Altona, on both sides of the boundary the conditions of soil

and cultivation, sewerage, population, all things, in short, of importance in this respect were the same, and yet the cholera in Hamburg went right up to the boundary of Altona and there stopped. In one street which for a long way forms the boundary between the two municipalities, there was cholera on the Hamburg side of the street, whereas the Altona side was free from it. The cholera not only marked the political boundary, but especially the boundary of the water distribution between the two towns." Here, then, we have an experiment which was performed on a population of over 100,000, but, which in spite of its immense proportions, complied with all the conditions which one requires from an exact and perfect experiment in a laboratory. In two great populations nearly all the factors are the same, only one is different, and that the water supply. The population supplied with unfiltered water is seriously visited by cholera. The population supplied with filtered water from the same source escapes, only a few cases appearing in Altona, and these mainly those who had taken the disease in Hamburg. This difference is all the more striking as the water of Hamburg is taken from a place where the Elbe is relatively but little contaminated, but Altona resorts to the waters of the Elbe after it has received all the liquid and faecal refuse of 800,000 people. Under these conditions there is no other explanation for the scientific thinker but that the difference in the incidents of the cholera on these two populations was governed by the difference in the water, and that Altona was protected against cholera by the filtration of the water of the Elbe.

From a bacteriological standpoint there is nothing easier than to give an explanation of the restriction of the cholera to the territory of the Hamburg water supply. Cholera bacteria were brought into Hamburg's water supply either through its sewers or what is more probable, from the excrements of persons suffering from cholera who were living on boats anchored near the place from which the water supply was obtained. The town of Wansbeck was spared because its water was not exposed to a contamination of this character.

and was moreover, filtered. Altona obtained water which at its source was much worse than that of Hamburg, but which by careful filtration was completely, or nearly so, freed from cholera bacteria. In the quotations from Prof. Koch you see how firmly impressed he is with the advantage of filtration in eliminating bacteria from a contaminated water supply such as every one knows ours must be. At the risk of wearying your patience let me call your attention to another report. It is well known to some of you that the Board of health of the state of Massachusetts entered into a series of experiments in water filtration extending over a period of several years. All sorts of filtrates were tried and tests of the severest kind were employed. In their report on this subject in 1891 they summarize their observations in these words: "The results already obtained clearly show that with due care in the selection of filtering material, filters can be so constructed and operated at rates up to one and one-half million gallons per acre daily with the removal of substantially all of the bacteria. These results taken with the remarkably low death rate from diseases known to be capable of conveyance by drinking water in some European cities having filtered water supplies from polluted sources leave no room for doubt as to the efficacy of suitable filtration as a safeguard against water-carried disease." In considering the available resources for a water supply we may with propriety say that no stream having sufficient volume to supply a resident population of 10 or 15,000 inhabitants and flowing through even a sparsely populated district can be considered a non-contaminated one, and that we here in Albany, no matter whether we derive our water supply from the Kinderhook creek or the Hudson river, either supply would and does need filtration to make it either safe or desirable, and with filtration either will be safe, the one as much so as the other in all probability, so far as the scientific tests can demonstrate, or in other words, by the aid of properly constructed settling beds and filters, the water of the Hudson river polluted and dirty as we know it to be can be made considered chemically and bacteriolog-

ically nearly as pure and wholesome as the purest spring water. These facts have been proven within the last three or four years, and it remains with you gentlemen from Cohoes, West Troy and Albany, what use you shall make of them in the interests of the people whose health you are supposed to watch over and guard.

In this connection, it may be well to note that since Prof. Koch's report, the city of Hamburg has completed a filtering plant, and that since it has come into operation their mortality rate has fallen to 19 per 1,000. Could there be anything more conclusive of the advantages of water filtration.

I have devoted more time, perhaps, than I ought to this question of water supply on such an occasion as this, but it has occupied the attention of our citizens, much so for the last year, and it seems to me that the controversy has reached that stage where the society should take some action towards elucidating the subject and placing it on a scientific basis rather than a political one.

The legislature at its last session passed an act which has since become a law, making it obligatory for children of certain ages to attend the public schools of this state. I have thought it best that the society through its committee of hygiene should make a thorough investigation of the schools throughout the county and report upon their condition at the next annual meeting of the society, with such recommendations as they may deem necessary or advisable. There can scarcely be a doubt but that some of the buildings are improperly heated or ventilated, and are very likely overcrowded also.

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**Medical Practice in Sweden.**—In Sweden ten years of study is incumbent on the medical student. They are so particular in that enlightened country to have medical men thoroughly equipped and "ethically developed" that the practice of homœopathy is forbidden, and every globule of homœopathic medicine introduced into the country has to be smuggled in.—*New York Medical Times.*

## Southern Pines as a Health Resort.\*

BY HOWARD VAN RENSSELAER, PH. B., M. D., LECTURER  
ON DISEASES OF THE CHEST IN THE ALBANY  
MEDICAL COLLEGE.

Climate is confessedly influential upon health. When vital forces are lowered by overwork or disease, a change in climate is frequently restorative. The spot that is ideal for recuperation, or the locality where a consumptive may pass his days with maximum comfort, should include advantages of temperature and soil, of environment and creature comforts, and of accessibility and cost.

Intermediate conditions are desirable; extremes of heat and cold are to be avoided; abundant sunshine is necessary, but the climate should be without continued drought or excessive moisture; tonic qualities of the atmosphere which invite to active exercise, are important; and a temperature at once exhilarating and cool, yet sufficiently mild to permit an outdoor life, should be sought. These atmospheric conditions, if associated with a permeable soil which will not long retain moisture, leaves few conditions of natural sanitation lacking.

Southern Pines, near the middle of North Carolina, is wanting in none of these desirable factors. It lies about half way between New York and Florida. It thus escapes on the one hand the bitter conditions of a northern winter, and on the other the moist, sultry and too relaxing climate of the Gulf States.

Occasionally, during the coldest weather, the temperature falls to  $10^{\circ}$  F. above zero, but this is rare. On the coldest day last winter the mercury registered  $28^{\circ}$  F. above. The mean temperature for the five winter months, from November to March inclusive, is  $50.2^{\circ}$  F. January, in which the mean temperature is  $45^{\circ}$  F., is the coldest month. The winter climate, therefore, is comparatively mild.

\*Read before the Medical Society of the County of Albany, April 11th, 1894.

The place is 200 miles inland and 600 feet above sea level. The location is a ridge of sandy soil. There are no large bodies of water in the neighborhood, and the air is remarkably dry. Cold weather, therefore, does not chill one to the bone, as it would in a moist atmosphere of the same temperature. Cool air stimulates to active exercise, and exhilarates both mind and body. Summer heat is not so oppressive as in many localities further north. The mean temperature of the hottest month is 78.7, and is easily borne because of the dryness of the atmosphere. Sunstroke is unknown. The air is not only dry, but is in the highest degree, aseptic and pure.

In the immediate vicinity of Southern Pines, as its name suggests, there are the remains of extensive forests of the long leaf pine, and the country for miles around has but few human habitations. The air blown through these forests, brings with it a large proportion of ozone: is aromatic with the odor of the pine, and ideal for pulmonary troubles.

The rainfall, evenly distributed through the year, is between 45 and 50 inches. It slightly exceeds that of New York and Boston, but is considerably less than that of Florida. The sandy loam for many miles around this neighborhood is 50 to 90 feet deep. The village crests the highest ridge, and rain rapidly drains off or is absorbed in a short time. After a storm, the ground rapidly dries, and the wire grass so quickly sheds water, that after a short interval, it will not wet the feet nor clothing of those who walk through it. The soil and lower strata of air are therefore almost continually dry, and patients can be out of doors wisely for nearly all the time. It is an added advantage that the sandy loam is capable of high cultivation, as orchards and vineyards in the vicinity testify.

Southern Pines differs from other health resorts which have been added to places with a natural precedent growth as hamlets. Such villages, because of good conditions of soil and atmosphere, associated with skillful advertising, often blossom out as health resorts. Old settlements, because of long use, frequently possess disadvantageous sanitary conditions. Such factors will long be absent from Southern Pines, which was

deliberately selected for its advantages as a health resort, and that at a time when the spot was a wilderness, because it combined in a remarkable degree so many important factors for natural Sanitation.

The village which is rapidly growing, will be attractively and scientifically built with broad streets, and with building lots of ample size. In the center of each block of detached cottages, a small park has been reserved to be used in common, and to ensure an open space of fresh air for all the buildings, and also to improve the landscape.

The village consists of a number of trim cottages and neat small hotels. There are no shanties, no houses of the very poor and no evidence of poverty. The settlement of negroes from which the servants are recruited, is established at a convenient distance.

The charges in the hotels are not in excess, and table accommodations are superior. By hiring a cottage and keeping house in a small way, a family may furnish their table at a small expense. The cost of provisions and of servants is less in the South than in the North, and because of ample supplies and low cost of lumber, a pretty cottage can be built at a very low first cost.

We may mention, also, that for heating, wood upon open hearths is used exclusively. This secures the kind of ventilation which is most desirable for hygienic results. The wood prepared for the hearth costs \$1.50 a cord.

The inhabitants are exclusively northern people who have come here in search of health, have found it, and remained. Many have engaged in gardening and fruit-culture with promises of large returns. Magnolias and ornamental shrubs abound, and the vineyards, strawberry plants and orchards are luxuriant. The season is fully six weeks ahead of New York, and fruit-raising for the northern market is an important and rapidly developing industry.

Few streets, however, have as yet been opened, and the cottages, though pretty, are small. Churches, schools and stores are for the most part yet to come. A large hotel is

under construction and will be open to the public about January 1st. It is believed, that for the next season at least, the overcrowding of hotels and boarding houses will be relieved. The roads in the vicinity are smooth, always dry, and lead through the pine woods. There are mineral springs which have not yet been analyzed, and shooting, in the season, is reported good.

In respect to accessibility, Southern Pines is but nineteen hours from New York by rail and easy of access. If one does not object to the ocean, a pleasant method of approach is by an Old Dominion steamer from New York or Boston to Norfolk, and then after an eight hour ride on the cars of the Sea Board Air Line, one is at his destination. For those who have leisure, the journey may be pleasantly broken at the city of Raleigh.

Let us review, briefly, the sanitary conditions which are unquestionably possessed by Southern Pines. It is, then, in the middle of a long leaf pine district, is of sufficient elevation above sea level, and has conditions of vegetation which absolutely preclude malaria. The depth of sandy loam and its absorbent power secure exceptional and almost continual dryness of soil and of the lower strata of the air. It is accessible to New York city, and the necessary expenditures are not great.

It is a newly started place, and avoids the inconveniences which rise frequently in connection with older settlements. It is having continuous, and just now, a rapid development, which depends on the sanitary conditions which belong to it. The winters are sufficiently mild to relieve the strain of storm and winds, and yet the climate is not too relaxing. Opportunities are at hand for out-door exercise, which the tonic and bracing qualities of the atmosphere solicit, and last of all, in the vicinity, several thousand acres have been set out with vineyards and orchards, which afford a means of livelihood, for which a small amount of capital suffices.

Every year in the near future will doubtless increase its advantages, and will leave at length, nothing lacking to the favorable development of its tonic qualities and to its natural sanitation.

It is plainly destined to become one of the best known and most frequented health resorts of the Middle States.

## A Case of Aphasia Occurring During Convalescence from Typhoid Fever.

BY S. B. WARD, M. D., PROFESSOR OF THEORY AND PRACTICE  
IN ALBANY MEDICAL COLLEGE.

On November 3d, 1893, I was asked to see, in consultation at Cherry Valley, W. S., a boy twelve years of age, suffering with typhoid fever. I saw him on the morning of the 4th, and found that great improvement had occurred during the preceding twenty-four hours. He was exceedingly weak, having had a severe attack, with a pneumonic complication, during the preceding four or five days; but the lung was clearing up; the temperature was below 101; he was taking nourishment well, and there seemed to be a fair chance for recovery. He was somewhat deaf, but gave clear evidence of hearing when spoken to in a somewhat raised voice. I noticed that he did not answer the question I asked him, but the nurse attributed this to his great weakness, and as no importance attached to his answer, no further effort was made to question him. On November 9th his father wrote me that he was better; his strength improves daily and his hearing is much better. "He has one inability, however, which worries me not a little,—for the past week he has not spoken a word. At first I imagined it was extreme weakness, but now that his strength has improved, and his hearing also, it appears very strange. He understands us perfectly and simply nods his head to signify 'yes' or 'no.' I have tried him every way, but not a word can I get. I asked him, cannot you say the word, and he shakes his head. He can laugh and swallow perfectly. Can there, do you think, be any paralysis of the vocal organs?" I wrote, in reply, that it seemed to me more like a case of aphasia, which was an occasional complication of typhoid fever, more common in children than in adults; generally purely functional and followed by entire recovery. Later on, in order to complete this memorandum, I wrote to Dr. G. L. Merritt, with whom I saw the case, asking for

his notes on it. In reply, he says in substance as follows: "The next day after your visit my attention was called to the fact that the boy could not speak. The onset of this condition was sudden, and came with the commencement of defervescence. When I first asked him a question he made attempt to answer, and in doing so made a sound, but could not articulate a single syllable. His face flushed and he was much embarrassed. After that, when asked a question, his face would flush, but he would not attempt to answer. He repeatedly, during this condition, attracted the attention of his attendants by making a sound which could be heard in any part of the room. His voice was natural when he last spoke, and aside from being weak, which was the result of extreme exhaustion, was also natural when he first spoke again on November 22d. The first word he spoke was 'water.' During the next day or two he could say the words 'yes' and 'no.' On the fourth day he tried to frame a sentence, but instead of saying 'I want to see my knife' he said 'see knife.' Later, instead of saying 'When are you going to Oliver's?' he said 'When go Oliver's?' After this the condition rapidly disappeared, and he now talks as well as ever. During this condition he could not indicate by gesture, or in any other way, what he wanted; but when the name was mentioned, he would nod his head in approval."

This case is, in my experience, so unusual that it seems worth while to put it on record. Embolisms during typhoid or during the convalescence from typhoid, are by no means rare, and the left anterior cerebral artery is probably as likely to be affected in this disease as in any other; but in the large majority of cases of aphasia due to embolism, paralysis is present in some degree in some locality, while in this case it was entirely absent. Besides, the trouble passed away so rapidly as to preclude the probability of its being due to embolism.

The literature on the subject is somewhat meagre, but Ziemssen (Vol. XIV, p. 801) refers to it, and so do Keating (Vol. I, p. 472), and Pepper (Vol. I, p. 91).

## Obituary.

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### Memorial of Dr. Peter Martin Murphy.

The committee appointed for the purpose, reports the following memorial sketch of one of the members of this society, Dr. Peter Martin Murphy, who passed away from this life June, 1894, in the 56th year of his age.

Dr. Murphy was a native of Lansingburgh, where he was born July 12, 1838, and spent the early years of his life. He secured his medical education at the Albany Medical College, from which institution he graduated in the class of 1863. The following year, on the 17th of March, he entered the military service of the war of the Rebellion, enlisting as assistant surgeon of the 134th New York Volunteers. His regiment was in the Army of the Cumberland and saw service under Sherman in the siege of Atlanta and on the march to the sea; He was the first officer to enter Atlanta. He participated in the many engagements of the 20th Corps, to which he was attached, that occurred subsequent to his enlistment. He received a commission as surgeon of the 89th New York, but was not mustered. His army service terminated June 10, 1865, when he returned home, and in 1866 succeeded Charles Frothingham in the drug store at 442 Broadway, in which business he continued until eight or nine years ago, when he gave it up on account of ill health, due as he thought to malarial disease contracted during his army life. He was one of the directors of the Albany Savings Institution, and on leaving his drug business became assistant secretary and subsequently, in succession, vice-president and president. He was a member of the Order of Free Masons, in which organization he attained high rank. He was a member of the Emmanuel Baptist Church, and was active in his Christian work in the church and sabbath school. He has been a

member of this society for 27 years, having joined it in 1867, and has been a frequent attendant upon its meetings. Less than a dozen of those who were members then, are still living. We have always found him a courteous, kindly gentleman, pursuing his way without ostentation, and always ready to further any good work.

F. C. CURTIS,  
D. V. O'LEARY,  
A. VANDER VEER.

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### Memorial of Dr. Louis Boudrias.

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The Medical Society has already learned, through the usual media, of the death of Doctor Louis Boudrias, a member of this society, one of its delegates to the state medical society, and one of the charter members of the medical association of the state of New York. Doctor Boudrias died at his residence, Seneca street, Cohoes, N. Y., on the 23d day of July last past, aged 69 years.

For some time previous, his fellows, his numerous friends and his devoted clients had been deprived of his presence, by reason of the ailment which caused his death. Affected with heart trouble about four years ago, with ever increasing complications which caused him to suffer cruelly, the fatal moment,—as is frequently the case in troubles of this nature, was sudden, though not unexpected,—even by him who was its victim.

The doctor was not confined to his room. On the day before, he had been able to go out riding with his son. The very day, he had partaken of a light dinner with his family. Soon after, he felt suffocated, and in a few moments expired in the arms of his wife and of his daughter. The news of his death was startling to a community wholly made up of friends, and caused sincere expressions of sorrow and regret. The funeral occurred on Wednesday, July 25th. The remains were interred in the family plot, in St. Agnes' cemetery,

Albany Road,—where also repose the remains of his eldest son, a young and brilliant man of much promise, whose premature death had cast a gloom over the advancing years of his parents.

The remains were followed to the grave by his son, his brother and the intimate friends of the deceased. The medical profession of Cohoes was represented by all its members. This distinguished *cortège* was an eloquent testimonial to his memory; and, indeed, the regretted colleague was justly entitled to this last proof of the consideration in which he was held during his lifetime.

Born at Montreal, November 14th, 1825, Doctor Boudrias studied medicine at McGill college and at the school of medicine and surgery, graduating from the last institution May 20th, 1848. He began his professional life in his native city, then successively practised in several points in his native country. In 1864 he came to the United States, locating first in Massachusetts, at Worcester, and from there moving to Springfield. In 1868 he settled in Cohoes, where he soon met with very gratifying success. In 1880, wishing to live nearer to his brother, and in order to open to his legitimate ambition a larger field of operation, he went to Philadelphia. Later, however, he returned to definitely locate in Cohoes, where he had made so many friends who had never ceased to regret his departure. This preference and partiality on the part of his clients, he deserved. Exceedingly modest, Doctor Boudrias nevertheless possessed unusual aptitudes. Gifted with a great activity, quick, precise, of extreme neatness and minuteness in his professional work, he observed the most strict punctuality in fulfilling the duties of his calling, with untiring zeal for his patients.

Both able and learned, he possessed in addition, and to a high degree, the medical tact which instruction canot replace. Plain spoken in the expression of his views, his observations at the bedside were marked with practicability. To this, he joined a rare assurance in diagnosis, a consummate prudence coupled with varied resources in the treatment of his patients.

In short,—able, painstaking, devoted, conscientious, upright, he was a *physician* in the full sense of the word.

Furthermore, he was reputed a rare *accoucheur*. His reputation as such was far and wide, and his superiority undoubted. He had a forceps of his own with which he accomplished marvels. One needed to see him, in intimate moments, bring out his models, describe them with enthusiasm, show up their advantages, and explain the points in which his forceps differed from that of Tarnier, and where it possibly excelled, at least in his own hands.

Listening to the demonstrations of this lucid mind, so true and methodical, would set one thinking, that, although this man had never taught, he nevertheless had "the master" in him. He knew and possessed the "school art." If this art has the foremost quality of being fruitful of sound advice and practical suggestions, placed in the proper field, he would have proved a remarkable teacher of obstetrical science. And yet, this practitioner, so well equipped, so original and personal in his ideas and their application, never thought of writing. He was too humble and suspicious of himself. That he even rose to the front rank in the narrow sphere where his activity was exerted, seems due only to an acknowledgement of his merit that both the public and the profession forced upon him.

During the last years of his active life, his time was much given to consultation work. His advice and counsel being much sought after. He ever commanded the respect, confidence and admiration of his fellows, for his eminent qualities, for his loyalty, his exquisite urbanity towards the colleagues with whom he was called; and especially for his extreme kindness and generosity toward those who were starting in practice.

In private life, the doctor was kind, benevolent, affable; his conversation easy and amiable; of quick mind, inoffensive wit, and in that, which is of rare occurrence, he never wounded; thus, in his long career, he never knew any enemies. The doctor was a conscientious and practical Christian.

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As a citizen, he leaves the record of a *'good man.* As a physician, that of a member of whom the profession may well feel proud. To us, his nearer fellow-workers, he bequeaths the pure and austere record of duty fulfilled; the example of a stainless professional career; the memory of the dignity of his private and public life, and the incentive to emulate him in the many services he rendered to society and the profession, in the midst of which his life was spent.

J. L. ARDRAMBAULT,  
J. H. MITCHELL,  
F. D. MONTMARQUET,  
I. D. FEATHERSTONHAUGH,  
J. M. HAYNER.

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**The Administration of Sodium Salicylate in Rheumatism.**—In Ziemssen's Clinic the salicylate of soda is given per rectum in cases where it is not well borne by the stomach, or from any cause administration per os is contraindicated. When necessary, the rectum is first cleared out, and then, by means of a 7-inch sound, a solution of six to eight grams natrio-salicylate in 100 c. cm. of water, to which 1½ grams tr. opii is added, is injected. The results are excellent.

Ruel recommends, in such cases, the local application of acid salicyl., and claims as good results as when administered internally. The following salve may be used twice a day, and covered over with oiled silk or any impermeable stuff; acid salicyl., 10 to 30 grams; alcohol abs., 100; Ol. Riemi, 200; chloroform, 10 to 15. Bouiget also found that external application of salicylic acid to the affected joint very effective, and recommends it very highly. He applies an ointment similar to the above, and combines with it the internal administration of 1 to 3 grams of salacetol daily.

Salacetol is a new salicylic preparation, which is highly recommended as an intestinal antiseptic.—*Therapeutische Monatsheft.*

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HOWARD VAN RENSSELAER, PH. B., M. D., EDITOR.

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**ANNOTATIONS.**

**Our Present Knowledge of the Cure of Malaria by Means of Quinine.**—In this contribution to the quinine treatment of malaria by Professor Biaz, it is stated that just twenty-six years ago he opposed, in the pages of the *Centralblatt*, the then generally accepted theory that the curative action of quinine in malaria is developed through the nervous system, and propounded the theory that quinine, in all probability, acts as a protoplasmic poison on the pathogenic micro-organism, at that time undiscovered, which is at the root of all paludism. It has now been discovered that all forms of malarial fever have been brought about by organisms of the genus ameba, which penetrate the bodies of the red blood-cells, at whose expense they increase in size, finally sporulating and destroying their host. Laveran, who first discovered and described the parasite of tertian ague, also investigated the action of quinine on the organism, and found that when microscopical preparations of the parasite were treated with quinine, the vitality of the disease germ was speedily destroyed; a fact which has been substantiated by Machiafava, Celli, Grassi, and Feletti. The influence of quinine on the malaria parasites has also been studied by examining the blood of malarial patients before and after

exhibition of the drug. In this instance the investigations of Laveran, Romanoffsky, Baccelli, Golgi, Machiefava and Bignani establish the fact that the parasites are killed by quinine absorbed into the blood.

Dr. Mannaberg, who has recently investigated this question in the malarial districts of Dalmatia, Istria, etc., finds, among other things, that about three hours after the exhibition of from seven to fifteen grains of quinine the ameboid movements of the ameboid form of the parasite of tertian ague slacken to a perceptible degree, and that after a lapse of a further period of three to six hours, the number of parasites in the blood of the patient greatly diminishes, whilst many of those still left are torn and mutilated. On the full grown parasite of tertian, quinine either produces a complete cessation of all movement in the pigment whereby the parasite acquires a glittering, cloudy appearance as though coagulation had set in or else dropsical swelling is set up, or, finally, the parasite falls to pieces. Shortly after the exhibition of quinine, medium sized parasites of tertian ague develop intense activity. It appears that quinine possesses a stimulating action before causing coagulation and immobility. According to Golgi, the medium sized parasite of quartan fever acquires a glittering appearance and tendency to shrivel when the patient receives quinine internally; the large forms however, become distended, then pigment exhibits lively oscillatory movements and they frequently contain vacuolæ or abortive spores.

About three hours after the exhibition of a dose of  $7\frac{1}{2}$  grs. of quinine, the nucleoli of some of the amebæ of the milder forms of true quartan had either partially or entirely lost their tinctorial characteristics. After twelve hours of the treatment stainable nucleoli were hardly met with at all, most of the parasites having been broken up into irregular fragments. From these and other experiments it is evident that the ameba of malaria is not only visibly enfeebled by the presence of quinine in the blood, but that its capacity for producing viable spores is greatly diminished.

In these forms of malaria which are not curable by quinine that drug has no effect whatever on the parasites present in the blood. Baccelli, however, has found that many such severe forms which defy the ordinary method of treatment may be speedily cured by injecting the usual dose of quinine into a vein.

In spite of certain differences on the minor points, Manna-berg and the other investigators one and all agree that quinine is a direct poison for the malaria parasites, and that the therapeutic doses employed are non-injurious to the cells of the human organism. Any assistance from the nervous system is neither evident nor necessary.

With regard to the prophylactic action of quinine, it is to be noted that the drug disappears very gradually from the blood and in an almost unaltered condition. By this means any young amebæ and spores are kept in constant contact with the drug and are thereby checked in their further development. As to the part played by the leucocytes, it appears that phagocytism is prominent in cases of spontaneous cure of malaria, but not when quinine is employed.—*Providence Medical Journal*.

**The Fate of Thiersch Skin Grafts.**—Goldman (*Beitrage zur klinischen Chirurgie; New York Medical Journal*), says that when a wound has been successfully grafted after the manner of Thiersch, healing occurs without the formation of granulations, and with scarcely any cicatricial contraction. After a few months, the new skin is reddish and somewhat glistening, it is on the same level as the surrounding skin, it is more or less movable on its bed, and it frequently possesses both tactile and thermal sensibility. When the changes in the grafts are examined in detail, it is found that in the first instance there is some desquamation of the horny layer, while at the same time there is active proliferation in the middle layers of the epidermis; ultimately, the epithelium as a whole is thin, and the papillæ are of small size. An entirely new vascular network is formed beneath the epidermis, which nourishes the latter and persists for years, which accounts for

the redder tinge of the new epidermis and differentiates it from the surrounding skin. The grafted skin reaches the level of the surrounding skin surface more rapidly when the grafts are placed on a vascular bed. In the forehead this level has been attained in four to six weeks. It fails to attain this level when the grafts are placed on a granulating surface, as in the latter case there will be a cicatricial tissue beneath the new skin. After an interval of months, the mobility of the grafted skin is so developed that it can be lifted up in folds from the tissues beneath. Return of sensibility occurs sooner at the margins than at the center of the grafted area, and where large gaps have been filled up, it may not return at all.

In discussing the anatomical basis of these clinical facts, the writer points out that mobility of the skin on the subjacent tissues depends upon the network of elastic fibres which connect the former with the latter. By adopting a special stain for the fibres, he was able to prove that these were abundantly formed in the true skin beneath the grafts, and immediately beneath the epidermis. The presence of these new elastic fibres, derived from the mother tissue, gives the grafted skin greater resisting power, so that it is able to withstand traction and pressure. Inasmuch as granulating and cicatricial processes hinder or prevent this growth of elastic fibres into the graft, we are able to understand why the results obtained are so much better when the grafts are placed on a recent wound than on one which is granulating. It is also to be noted that the development of the elastic network explains the absence of cicatricial shrinking of the transplanted skin. The new vessels which are formed from the mother-tissue have a great influence in raising the grafted area to the level of the surrounding skin. In this they are assisted by the formation of elastic fibres and of young connective tissue. In a successful case there is no scar tissue to be seen. The return of sensibility to touch, pain and temperature is explained by the formation of new medullated nerve fibres, which are probably also derived from the mother-tissue, and which the author has traced into the grafted skin. This method of grafting succeeds at all ages to an equal degree.

**To Increase the Birth-Rate of France.**—Stringent laws have recently been enacted by the French government, which, despairing of obtaining any increase in the birth rate of the land, is endeavoring to save the few children that are born. One of these regulations forbids, under a severe penalty, anyone to give infants under one year any form of solid food, unless such be ordered by a written prescription, signed by a legally qualified medical man. Other regulations are equally restricting, and as the French have a knack of enforcing their enactments, down to the most trifling ones, as American visitors to Paris often find to their cost, it is probable that child-  
ish lives will be saved. One could wish, on seeing an east-side tenement mother feeding her few months' old baby with a peach or banana brought from the curb fruit-stall, after half a day's exposure to the August sun, that the municipality of New York would copy a few of these French regulations. It would vastly lessen the work of the dispensaries and visiting tenement-physicians.—*Medical Record.*

**The Need of Negro Physicians.**—It is said the average length of life of the New Orleans negro is only 24.2 years. This frightful mortality is also ascribed to the lack of medical attendance and the wretched sanitary conditions in which the colored population of large southern cities live. It is asserted that probably not one-half of the negroes receive any medical attention during illness. Here is certainly a field for home missionary work. If the foregoing assertions are to any great extent true, it is a disgrace to our civilization and to our common humanity. Forty million dollars have been given since the war toward the literary education of the colored race, but how much more pressing is the problem of their medical care and sanitation. It may be doubted if forty cents have been given toward the education of the negro physician. Much has been done in educating foreign medical missionaries; why not do the more needed duty of medically educating young colored men, thus avoiding a crying public disgrace, by enabling them to work among their suffering brethren.—*Medical News.*

**Salicylate of Sodium in Headache.**—In the February number of the *Practitioner*, Lauder Brunton writes an interesting article on headaches, in the course of which he points out that the one very common form of headache commences in this way: The patient sometimes feels a little unwonted irritability at night, but this irritability is not always present. It is very often the precursor of a headache. He wakes in the morning about four, five or six with a feeling of weight in the head, but not a headache. He is very drowsy, disinclined to rise, and is apt to turn over and go to sleep again at once. If he does this he awakes again about seven or eight with a distinct, but not a severe headache, usually frontal or temporal. As the day goes on the headache becomes worse and worse, until in the afternoon or evening it becomes almost unbearable. It then finishes up with sickness, after which the patient becomes easier, but feels much exhausted. A headache of this sort may frequently be prevented by the patient taking a mixture of bromide of potassium and salicylate of sodium over night, or by getting up and taking it when he awakes with a heaviness in the early morning, instead of turning over and going to sleep again.—*Northwestern Lancet*.

**The New Treatment of Diphtheria.**—It seems likely that yet a new boon to humanity may ere long be anticipated from recent knowledge gained by experimental researches. Sir Henry Roscoe's interesting and able speech at the recent meeting of the National Health Society at Grosvenor House, directed the public attention to the remarkable results obtained by Ehrlich, Kossel and Wassermann in the treatment of diphtheria. A full summary of these was given in the *Epitome* of May 5th. They deserve to be put to the test in this country as soon as possible. Various investigations have recently been made, especially by Behring and Kitasato, on the anti-toxins of tetanus and diphtheria, and they found that a substance was present in the blood serum of immune animals which had the power of conferring a certain degree of immunity in other animals, and even of arresting the disease when it had begun. These facts are applied by Tizzoni and Cattani

to the treatment of tetanus in man, but with only imperfect results. The authors have followed the same lines in applying the method in the treatment of diphtheria, but they have taken special measures to obtain a particularly powerful antitoxin for the purpose. They began with producing immunity in goats by injecting increasing quantities of boiled cultivations of diphtheria bacilli, and the degree of immunity was subsequently further increased by injecting larger and larger quantities of extremely virulent cultivations of diphtheria bacilli. The serum of these animals thus contained large quantities of the antitoxin, and before going further they devised a method of measuring accurately the exact amount present. It had been found by Behring and Kitasato that if the poison and the serum antipoison were mixed together in a test tube in proper proportions they neutralized each other, and that the mixture when subsequently injected into an animal, was inert. They took as a standard of the poison a material of which 0.3gm. per 1,000gm. of the body weight was a certainly fatal dose. For animals of 200gm. to 300gm. weight they used ten times this amount, namely: 8 c. cm., and then added to this 2, 3, 4gm. etc., of the serum to be tested. The mixtures were then immediately injected into a series of guinea-pigs, and if the poison had not been completely neutralized this was evidenced in 24 or 48 hours by local infiltration at the seat of injection, and by loss of body weight. In this way the exact amount of any given serum required to neutralize 0.8gm. poison was ascertained. As the unit of immunity they take serum of which 1.5 mg. neutralizes 0.8gm. of poison, and in the treatment of children they employed a quantity of serum containing an amount of antitoxin representing 130 to 200 immunity units.

The investigations were carried out on 220 children suffering from diphtheria (proved by bacteriological examinations) at all stages and in various hospitals in Berlin. The rough result is that of these 220 cases, of which 64 had already required tracheotomy before the treatment was commenced, 52 died and 168 recovered. Of the 153 cases in which trach-

eotomy was not performed only 22 or 14.3 per cent. died, the cause of death in these instances being, in 8, sepsis; in 7, pneumonia; in 6, complications, such as paralysis and nephritis, and in one, acute tuberculosis. Of the 67 cases in which tracheotomy was done, 30, or 44.9 per cent. died, the cause of death being, in 4, sepsis; in 23, pneumonia; in 2, of sequæ, and in 1, of acute tuberculosis. Many of these cases were, however, admitted several days after the disease had commenced and when there was hardly any hope of saving them. The results are very striking if they are considered in relation to the duration of the disease. Six cases were admitted during the first 24 hours, and all recovered; 86 were admitted on the second day and only 2 died. Thus, of 72 cases admitted during the first 48 hours, only 2 died. Of these 72 cases, tracheotomy was necessary in 9, and the 2 which died were 2 of those in which tracheotomy was performed. On the third day 29 cases were admitted, and of these, 4 died; on the fourth day 39, of which 9 died; on the fifth day 23, of which 10 died. The percentages of recovery according to the day of admission after the disease commenced were therefore 100 per cent., 97 per cent., 86 per cent., 77 per cent., 56.5 per cent., etc.

In most of these cases only a single injection was made, but subsequently in bad cases several injections were employed, and the authors think that they might have saved some of those which died, especially from sequæ (paralysis, etc.), if they had used repeated injections.

Before using the material it was first ascertained that it was quite innocuous and produced no effect when injected into a healthy individual. When injected in cases of diphtheria it was only when large amounts were employed that any immediate effect on the pulse or temperature was observed, but in a certain number of cases there was an almost critical fall of temperature and pulse on the day after the injection. The authors explain the fact, that, as a rule, the temperature does not immediately fall, because it is only in the very early stage that the disease is pure, and it very soon becomes com-

plicated with septic bacteria, which keep up the temperature, although the diphtheritic poison has been neutralized. The authors' conclusions are as follows: 1. The fate of the patients depends on the treatment during the first three days of the disease; hence, the serum should be injected as soon as possible after its commencement. 2. In mild cases the amount introduced should be at least 200 immunity units; in severe cases and in those where tracheotomy is necessary, 400 units. 3. The injections should be repeated on the same or the following day, according to the general and local symptoms; the total amount varying according to the severity of the case, from 500 to 1,500 immunity units. In 30 cases where repeated injections were employed, some of them very severe cases, 16 of them requiring tracheotomy, only four died. These four having had tracheotomy done, with little or no relief to the breathing.

Full details of the methods and causes will be published as soon as possible, and it is to be hoped that this method will be put to the test elsewhere as soon as possible. Already it is being tried in Paris with most satisfactory results.—ED., *British Medical Journal*.

**Tubercular Peritonitis.**—A new method of treating tubercular peritonitis with exudation, by Nolen-Leiden (*N. Y. Polyclinic*). The favorable results which have been secured by laparotomy in this affection have raised the question as to which factor in the treatment the favorable issue is due. Considering each of these factors, it seemed that the contact of air with the peritoneal surface of the intestines must be the therapeutic agent. It, therefore, seemed advisable to try the effect of air injected into the peritoneal cavity, and with the conviction that no harm could result, the author made the experiment in three cases. In all of these cases the results were satisfactory in that the ascites never returned. After puncture of this small trocar, a portion of the fluid is allowed to escape, and then air is forced in by the reversed action of an inspirating syringe, the air being sterilized by passage through sterilized cotton, and warmed by bubbling through

warm water. The injector is stopped before distention of the abdomen has taken place, and the air withdrawn. The following day some tympanitis may be present, which is never a serious complication. The advantage of the procedure over that of laparotomy, and especially in children, will be readily apparent.—*St. Louis Medical and Surgical Journal*.

**Periods of Isolation for Contagious Diseases of Childhood.**

—In the course of a report in this subject, Olliver (*Gazette Medicale de Strasburg*) makes the following rules:

For scarlatina, variola, varioloid and diphtheria, the period of isolation, before the child is allowed to return to school, should be forty days, counting from the first day of invasion.

For measles and varicella, sixteen days will be sufficient.

For pertussis, isolation should be prolonged to three weeks after complete cessation of the characteristic kinks.

For mumps, ten days after the disappearance of the local symptoms.

Nasal, buccal and pharyngeal irrigations with antiseptic solutions should be employed, and soap bath and rubbing of the entire surface and scalp should be a necessary preparation before returning to school.—*American Journal of the Medical Sciences*.

**An Original Wash for the Complexion.**—Nettie Hooper, in a recent Parisian letter to the *Philadelphia Evening Telegraph*, states that Paris has just been edified by the publication of a work treating on the life of a lady of the sixteenth century, who carried her care for her beauty to the very utmost limits. This is a sober, historical fact, backed by many official documents of undoubted authenticity. The lady in question was Elizabeth Bathory, who married at the age of fifteen, in 1595, Comte Francois Nadasdy, who was not of too mild nature himself, as, when his wife complained one day that her maid had been impertinent, he ordered the erring hand-maiden stripped, smeared with honey and laid on wasp's nest, from the effects of which gentle admonition she subsequently died. The Countess was left a widow in 1604, and began simply at first to try to keep up the rigorous disci-

pline enforced by her late husband. Unhappily, one day she struck her waiting-maid, and so wounded her that her mistress' hands were covered with blood. When they were washed the Countess remarked that her hands were whiter and the skin more supple and firm, and thenceforward her naturally cruel nature was spurred by the frenzied desire to retain her waning beauty at any price. She used as a cosmetic from that time on, a bath of human blood, and the tradition goes that anything so superb in its brilliant fairness as her complexion cannot be imagined. She murdered all her waiting-maids, one by one, aided by three accomplices, her old nurse being one of them, and when she could get no woman to enter her service, she coolly sent her emissaries to kidnap the peasant girls of the neighborhood.

At last, however, even Hungary in the middle ages could not afford to close its ears to the wail of the bereaved families; and the culprit's first cousin, Governor of the province, entered the castle on Christmas eve, 1610, to enquire into the truth of these horrible stories, and discovered his fair and honored relative calmly watching the death agonies of three girls, while her attendants were filling a bath with the life blood that was to preserve her beauty. The Countess, herself, was too great a personage to incur capital punishment, but for thirty years she was shut up in solitary confinement in the castle of Csiebbe, where she finally starved herself to death. Her accomplices had their hands cut off and were subsequently burned at the stake, as, being common people, there was no reason for sparing their lives. It is said that this fair dame sacrificed 600 girls to her radiance of skin, but the biographer states soberly that documentary evidence exists of the murder of only 250, which was a very respectable number to get rid of in six year's time.

An account of the lady's proceedings has just been read before the French Academy of Medicine, and she has been pronounced to have been undoubtedly insane; but if so, it must be confessed that her madness was curiously methodical.  
—*The College and Clinical Record.*

**Women Doctors in America.**—According to a statistical report drawn up by M. Louis Frank, of Brussels, there were in 1893 on this side of the Atlantic fully 2,000 women practicing medicine in one or other of its forms, and inclusive of 130 homœopathists. The majority were ordinary practitioners, but among the remainder were 70 hospital physicians or surgeons; 95, professors in the schools; 610, specialists for the diseases of women; 70, alienists; 65, orthopedists; 40, oculists and aurists; and finally, 30 electro-therapeutists. In Canada there is but one medical school exclusively devoted to the training of medical ladies, but in the United States in 1893 there were ten, one of them being a homœopathic establishment.—*Medical Record*.

**The Use of the Catheter After Labor.**—Recht (*Journal de medecine et de Chirurgie Practiquer*, May 25, 1894) shows that on the evidence of repeated observations micturition is almost always spontaneous. In 6,666 labors under Pinard's care in the course of the last four years, the catheter has been used only twenty times, and in 1,920 labors last year, only three times. Pinard objects very strongly to the routine use of the catheter, which even in skilled hands often sets up cystitis. The practice in Paris lying-in hospitals is, however, very varied. At the school of mid-wives nearly every newly-delivered patient has the catheter passed. Maygrier, at the Pitie, delays the use of the instrument until twelve hours have elapsed after labor without the patient being able to pass water voluntarily. Bar allows a maximum of eighteen hours; Parak and Budin, twenty-four; Tarnier, thirty-six; Champetier de Ribes, forty-eight. Ribemont Dessaigues, at the hospital Beaujon, objects to the catheter as strongly as Pinard. Boissard finds that not only is there danger of cystitis when the catheter is passed after labor, but the patient is liable to lose the power of voluntary micturition for many days through nervousness.—*British Medical Journal*.

**The Staining and Mounting of Tube Casts and Other Organic Urinary Deposits.**—Bramwell (*British Medical Journal*, No. 1,749, p. 9) makes the following useful suggest-

ions for the study of urinary sediments. An ordinary conical urine-glass is filled with equal parts of urine and an aqueous solution of boric acid, and set aside until the deposit settles. This is then removed by means of a pipet and transferred to an ordinary test-tube containing about half a drachm of a solution of picrocarmin, and the two are thoroughly mixed and set aside for 24 hours. Some of the sediment is then removed by means of a fine-mouthing pipet, and mounted. If there is reason to suspect the existence of amyloid disease of the kidney, a solution of methyl-violet may be used instead of that of picrocarmin. In order to bring out the fine details of the tube-casts stained in the manner described, and in order to preserve them as permanent preparations, they may be mounted in Farrant's solution, consisting of gum arabic and distilled water, each four parts, and glycerin, two parts, with a little camphor. A small test-tube is filled three-quarters with this solution, and in it is placed, by means of a fine-mouthing pipet, the stained deposit from the test-tube containing the mixture of urine and solution of picrocarmin. The smaller tube is securely corked, inverted two or three times in order to facilitate thorough mixture, and put aside until the sediment has time to settle. In the course of three or four days a minute drop of the deposit is removed from the bottom of the tube by means of a fine-mouthing pipet and placed upon a slide and covered. The preparation may, in the course of a few days, be sealed in the ordinary manner. If the preparation thus mounted is overstrained with the solution of picrocarmin, the deposit should be transferred to fresh Farrant's solution. Any organic urinary deposits may, of course, be stained, mounted and preserved in the same manner.

**The Cause and Prevention of Neuralgia in Amputation Stumps.**—Witzel (Centralbl f. Chir.) holds that neuralgia after amputation is not caused, as is generally supposed, by the formation of neuromata at the ends of the divided nerves. He states, that if such were the case, it would be necessary to lay aside the amputation knife. The neuralgic pains he

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believes, are due to adhesion of the neuromatous swelling, to the end of a bone. In order that its functions may be properly performed, a nerve should move freely in its sheath. The structural elements which serve the special functions of a nerve are, during life, extremely delicate and almost fluid. The ordinary movements, therefore, of an adjacent joint would interfere with the structure and functions of the nerves of a limb if these nerves had no longer free range of movement in the direction of their axis.

In two cases of neuralgia after amputation in which Witzel had opportunities of dissecting the stumps, he found thick neuromatous swellings at the ends of the divided nerves, which were bound down by tough cicatrical tissue to the ends of the bones. It is evident that during movements of the stump at the nearest joint, the fixed nerves must be stretched, those on the flexion side during extention and those on the extention side during flexion. In neuralgia caused by confinement of a nerve in a mass of callus, the pain, it is held, is due to the prevention of the nerve movement and not to its compression. As a preventive treatment Witzel recommends that in every amputation as much attention should be paid to the nerves as to the large arteries, and that the former should be pulled away from the flaps and divided high up. Attention should be particularly directed to this precaution in cases of amputation at the ankle and shoulder.—*Epitome, British Medical Journal.*

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## REVIEWS AND BOOK NOTICES.

**Hare's Text-Book of Practical Therapeutics.**—A text-Book of Practical Therapeutics; with Especial Reference to the Application of Remedial Measures to Disease and their Employment upon a Rational Basis. By Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. With

special chapters by Drs. G. E. de Schweinitz, Edward Martin and Barton C. Hirst. New (4th) edition, thoroughly revised and much enlarged. In one octavo volume of 740 pages. Cloth, \$3.75; leather, \$4.75. Philadelphia, Lea Brothers & Co., 1894.

There are so many excellent text-books on *materia medica* and *therapeutics* that one would think that there is hardly room for a new one. On glancing, however, over the pages of Hare's Practical Therapeutics, its *raison d'être* is at once apparent.

From beginning to end one finds the aim of the author to be the furnishing of those things that are really useful, and the elimination of all unnecessary detail and speculation. Having succeeded in both of these respects, and the book being also written with clearness and force, it will be found to be the most practical therapeutics on the market.

The work is filled with useful hints as to the best way of administering particular preparations: and suggestions abound as to the way of disguising bad taste, and making disagreeable drugs palatable.

Scattered throughout the book are many prescriptions illustrating approved combinations of several drugs for the enhancing of therapeutic effect.

The book is divided into four parts: The first contains general therapeutic considerations; the second, occupying about half of the volume, is the *materia medica* proper, dealing with the various preparations and doses of all the drugs, together with their pharmacology and therapeutics.

The third part discusses the various diseases most commonly met with, and the best ways of combatting them. This feature of the book is very carefully executed and is replete with valuable suggestions.

At the end of the book is a table of the doses of medicines, table of relative weights and measures in the metric and apothecaries' system, and finally there are reliable and complete indices: one, the index of drugs and remedial measures, and the other, the index of diseases and remedies.

To the general practitioner, who is more concerned with the practical treatment of disease than with complicated experimentation and minute physiological research, this book is particularly adapted.

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## Albuminuria, Its Detection and Significance.\*

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When in 1827 Dr. Richard Bright announced the clinical unity of dropsy, albuminous urine and disease of the kidneys, the significance of Albuminuria became at once apparent. Since that time the importance of the examination of the urine and the diagnostic value of the determination of its proteid constituents have held high place in clinical work. The effect of the discovery of this association of symptoms however was to lead to the inference that the presence of albumin in urine always indicates renal disease and renal disease with a rapidly fatal termination; a belief which prevailed until about 20 years ago. But in the past two decades a number of distinguished clinicians Leube, Senator, Posner, T. Grainger Stewart, Saundby, Mahomed and others have found that albumin was at times found in the urine of people in whom there was no detectable disease of the kidneys. Some have even asserted that albumin could be found in the urine of every person if sought for with sufficiently delicate tests; thus Posner found an albuminous body in the urine in all of seventy persons; Chateaubourg in 592 cases out of 701; T. Grainger Stewart in 275 healthy soldiers and in 17% of 50 children.

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\*Read before the Medical Society of the County of Albany, Nov, 21, 1894.

This claim of physiological albuminuria has however had many opponents and to-day the latter hold that renal albuminuria always indicates disease of the kidneys, which though concealed for a time, will eventually reveal itself. They assert that Bright's disease develops intermittently by acute periods of inflammation interrupted by remissions more or less complete, which may last for years, during which time the albumin entirely disappears due to the cicatrization of the lesion; that granular kidney seems to date its existence to some period of anxiety or worry and that increased tension of the pulse is met with in certain states of nervous excitement. Temporary albuminuria of the neurotic is likely therefore, in their opinion, to have a serious even if remote ending.

The believers in a physiological albuminuria claim that albuminuria frequently occurs without present or future disease of the kidney and unless accompanied by other symptoms has no pathological significance. They maintain that the albuminuria which occurs in conditions of nervous excitement, after physical exertion, from the consumption of egg albumen, after baths, after sexual excitement, at the beginning of puberty, after marked sweating does not indicate a lesion of the kidneys. This incomplete summary indicates briefly the general character of the opposing opinions as to the significance of albuminuria. That this subject is one of the deepest interest to all physicians is self-evident. It must be a matter of some importance to all of us and of the deepest concern to our patients that we properly interpret a condition which may be either the danger signal of an incurable malady or a trivial occurrence of no special significance.

It will not be necessary to consider in detail the different kinds of albuminuria but merely to recall them to your recollection. I shall however take the liberty of considering more at length a cause of albuminuria which although always recognized does not appear to have been sufficiently investigated.

The forms of albuminuria are naturally divided for clinical purposes into two great classes; *accidental albuminuria* and *renal albuminuria*.

Accidental albuminuria is the result of an admixture of albuminous fluids as blood, pus, chyle with urine itself free from albumin. In such cases the urine usually contains a small quantity of albumin and invariably a sediment of elements characteristic of the fluid admixed as blood cells, pus cells, etc. To this class, the *accidental albuminurias*, belong many cases which, I believe, have too often been denominated functional or physiological albuminuria. Sir Andrew Clark with his remarkable medical acumen recognized this fact and stated that "in some young men excited by sexual desire and denying it indulgence, there was secreted from the urethra or its adjacent glands a fluid which mixing with the urine yields evidence of the presence of serum albumin" (albumose). Sir William Gull probably had this same fact in mind when he said "albuminuria is almost as common in young men as spermatorrhea." Many of the functional albuminurias of puberty and probably also a number of cases of neurasthenic albuminuria properly belong to this class.

Renal albuminuria may also for clinical purposes be subdivided into

- (1) Albuminuria — due to a primary lesion of the kidneys.
- (2) Secondary or Complicating albuminuria due to :—
  - (a) Circulatory derangements as in cardiac disease — this may, however, eventuate in renal disease.
  - (b) Febrile conditions depending upon changes in blood pressure and in the epithelium of the kidneys, and also the result of the excretion of the toxines of disease.
  - (c) Changes in the composition of the blood as in anaemia and chlorosis.
- (3) Functional or so-called physiological albuminuria the result of muscular exertion, mental strain, cold and cold bathing, diet, and without any other symptom of Bright's disease. Of these, only the so-called physiological albuminuria need be considered as the significance of albumin in the other forms of albuminuria is beyond question.

Functional albuminuria is commonly said to be characterized by

- (a) Absence of all other symptoms of Bright's disease.
- (b) Chance detection while the person was apparently in good health.
- (c) Quantity of albumin is comparatively small and at times in the 24 hours is entirely absent.
- (d) Absence of casts.

That albumin due to the above mentioned causes is at times found in the urine has been known for a long time.

In Germany, albumin has been detected in the urine of soldiers after long marches. In England — Pavy found albumin in the urine of Weston the walker; T. Grainger Stewart, in persons after violent exercise, and Mason in two out of five school boys after a run of six miles.

In this country — Lambert of the Equitable life has found that when the temperature goes to zero or below or when it passes 90° F. the percentage of healthy men having albumin in their urine increases from 2% to 5% until the temperature reaches nearer the mean. Gray in a recent paper states that he has found persistent albuminuria with frequent hyaline casts in almost all his cases of functional nervous disease.

Unfortunately the tests, by which some of these results were obtained, are not given and it is to be feared that some of these investigators used such delicate reagents, that doubt can justly be held in regard to their results. In Posner's set of seventy cases, Malfatti claims that mucin had been mistaken for serum-albumin and it seems probable that albu-mose, a constituent of the seminal fluid, has frequently been mistaken for albumin. This I think is probably the case in many young men and in neurasthenics.

There is no doubt however, that albumin does at times appear in considerable quantities in the urine when the kidneys are apparently normal. As excessive physical exertion, mental excitement, cold baths and albuminous diet are each individually said to be provocative of this condition,

the writer thought, that where all the exciting causes were combined as in foot-ball, albuminuria to a marked degree ought to be present. An examination of the urine of nine foot-ball players passed immediately after the game was made Nov. 10th with the following results.

	Reaction.	Spec. Grav.	Albumin, Heller's Test.	Sugar, Nylander's Test.
Case I	Acid	1020	Ring — $\frac{1}{12}$ in.	Negative.
Case II	"	1017	" — $\frac{1}{12}$ "	"
Case III	"	1025	" — Faint	"
Case IV	"	1022	" — $\frac{1}{12}$ in.	"
Case V	"	1022	" — Faint	"
Case VI	"	1030	" — $\frac{1}{12}$ in.	"
Case VII	"	1023	" — $\frac{1}{12}$ "	"
Case VIII	"	1021	" — $\frac{1}{12}$ "	"
Case IX	"	1024	" — $\frac{1}{12}$ "	"

In these cases Heller's nitric acid test was employed. Nitric acid was poured into a test-tube then urine was carefully added with a pipette so that the urine formed an even layer above the acid. At the plane of contact a heavy white zone appeared of varying widths. The reaction was still readily perceptible except in the faint cases after the urine had been diluted twenty times with water.

None of the specimens showed any evidence of the presence of sugar although they were examined for that purpose with Nylander's modification of Boettger's bismuth test. On standing twelve hours there was a heavy deposit in each case and the microscopic examination revealed the presence of many urates, uric acid crystals, oxalate of lime and a large number of casts, — some epithelial, a number of granular and many hyaline casts sprinkled with crystals. This result was so striking that the urine of six players, excreted about  $3\frac{1}{2}$  hours after the game, was examined.

	Reaction.	Spec. Grav.	Albumin, Heller's Test.	Albumin, Tanret's	Albumin, Millard's	Sugar, Nylander's
Case I	Acid.	1025	Negative	Present	Present	Negative
Case II	"	1030	Faint Ring	"	Present	"
Case III	"	1031	Negative	"	Negative	"
Case IV	"	1030	"	"	Present	"
Case V	"	1029	"	"	Negative	"
Case VI	"	1026	"	"	Present	"

In these six specimens albumin was detected only in one specimen with Heller's test while Tanret's reagent showed a slight opacity in the other five. The deposit in these cases was also considerable, and on microscopic examination a few casts, largely hyaline, were found.

On Nov. 18th specimens of urine passed immediately after the game by 20 foot-ball players were examined. Every one showed the presence of albumin in considerable quantity; several after the urine had been diluted 30—40 times, and one after the urine had been diluted 100 times.

In all the specimens casts were found; in some they were very abundant and consisted of large and small granular; in other specimens of hyaline sprinkled with crystals and in several of blood casts. The microscopical examination also revealed the presence of many epithelial cells, an abundance of oxalates, urates and uric acid crystals, and in a few, considerable blood. In all cases of casts no doubtful forms were accepted and in more than two thirds of the specimens two and at times four examiners agreed. In each case new cover glasses and slides were employed.

These results exceeded by far anything that had been anticipated. That albumin may be detected in the urine after muscular exertion has been known for a long time, but never, as far as I can discover from my reading, has it been found in such quantities as here given. Then too, the presence of casts of almost every kind in all the specimens examined, a condition which heretofore has only been associated with severe degenerated disease of the kidneys, overthrows a supposedly fixed, clinical law—that the presence of granular casts in urine always indicate renal disease. The fact that this condition cleared up in so short a time, that these men are all young, powerful and healthy indicates that the condition is a very transient one.

To explain this condition, several theories might be advanced.

(1) That the albuminuria is due to the great concentration of the blood which occurs with this violent exertion and that

	Quantity Passed.	React'n.	Spec. Grav.	Heller's Test.	Albumin, Nylander's Test.	Sugar, Nylander's Test.	Microscopical Examination.
Case I	8 Ozs.	Acid.	1018	Ring — 1-8 in.	Negative.		Granular, blood, hyaline casts, oxalates, urates. Esbach's test gave 1-10% albumin.
Case II	1 "	"	"	" — 1-16 in.	"		Granular, hyaline casts, urates, oxalates.
Case III	3 1-2 "	"	1022	" — 1-10 in.	"		Granular, hyaline casts, epithelial cells blood, spermatozoa.
Case IV	2 "	"	1020	" — 1-10 in.	"		Granular, hyaline casts, blood, oxalates, urates.
Case V	7 1-2 "	"	1020	" — Faint	"		Granular, hyaline casts, urates oxalates. Few hyaline casts — blood, oxalates
Case VI	2 1-2 "	"	1022	" — 1-8 in.	"		oxalates, urates.
Case VII	5 1-2 "	"	1025	" — 1-24 "	"		Large and small granular casts oxalates, urates, spermatozoa.
Case VIII	1 "	"	—	" — 1-16 "	"		Granular and hyaline casts, epithelial cells, urates, oxalates.
Case IX	2 "	"	1030	" — 2-8 "	"		Hyaline and granular casts, many urates.
Case X	4 "	"	1019	" — 1-14 "	"		Granular casts, urates.
Case XI	6 "	"	1019	" — 1-16 "	"		Many granular and hyaline casts sprinkled with crystal-abundant urates.
Case XII	1 "	"	—	" — 1-8 "	"		Many granular casts — urates.
Case XIII	3 "	"	1024	" — 1-12 "	"		Many granular and hyaline casts, abundant oxalates and blood.
Case XIV	4 1-2 "	"	1025	" — 1-16 "	"		Granular and hyaline casts, oxalates, urates.
Case XV	4 "	"	1026	" — 1-12 "	"		Many small granular casts, urates.
Case XVI	3 "	"	1026	" — 1-12 "	"		Many granular and hyaline casts covered with urates.
Case XVII	3 1-2 "	"	1033	" — 1-12 "	"		Granular and hyaline casts, urates.
Case XVIII	3 "	"	1028	" — 1-12 "	"		Granular and hyaline casts, urates oxalates.
Case XIX	3 "	"	1025	" — 1-10 "	"		Many hyaline, granular and blood casts, considerable blood, urates. Esbach test gave 1-10% albumin.
Case XX	2 "	"	—	" — 2-8 "	"		

The writer, wishes to thank Dr. W. H. Conley and Messrs. Shaw and Sanford for their valuable assistance in the urinary examinations.

as the blood resumes its normal specific gravity the albumin no longer escapes.

That Albuminuria is attendant on the concentration of the blood is seen in cholera in which albumin, numerous casts and renal epithelium are found in the little urine excreted. Hoppe-Seyler and others have shown that the quantity of albumin that passes through a filter increases with the increase of the saline constituents. As the urine was much denser and the salts increased in amount, this would seem to offer an explanation for the condition found.

An attempt was made to demonstrate the correctness of this theory by examining three hours after the game the urine of two players who had refrained from drinking, the blood being then practically in the same concentrated condition as immediately after the game. Two other players were allowed to drink as much as they desired and their urine passed three hours after the game was also examined. The results however were negative. Of the players who had refrained from drinking, one showed immediately after the game only a trace of albuminuria and none at all after three hours, while the urine of the other contained a trifle more albumin at the end of three hours than before. Of the two who were permitted to drink, one, after the game showed marked albuminuria and later, after the drinking of six glasses, revealed merely a trace, while the other after drinking four glasses showed about as much albuminuria as before. The number of cases experimented upon was entirely too small to warrant the drawing of any conclusion.

(2) The second theory is that the albuminuria is due to the acute mechanical congestion which ensues. The skin and the kidneys have many points of resemblance. They are both excretary organs, removing fluids and solids from the body, and are normally complimentary to each other. When the kidneys do little work as in Summer, the skin does more and vice versa. We also know that the external layer of the skin is all the time being insensibly shed and constantly renewed. If however the skin is forced to do additional

work as for instance in a Turkish bath, the external layer of the dermis, which before was shed invisibly is now cast off in large scales and flakes, i. e. skin which would normally take a number of days in which to be shed is by this increased action cast off at once, leaving the skin after this great desquamation unimpaired. By analogy we are justified, I believe, in claiming that much the same process may take place in the kidneys. It is a natural inference that the epithelial cells of the Malpighian bodies and the uriniferous tubules are exfoliated as in various inflammatory conditions, epithelial cells are present in the urine. It does not seem therefore a very great stretch of imagination to believe that under such conditions as prevail in foot-ball, epithelial cells might be carried off, albumin transude, casts formed, and then when the exciting cause had ceased to operate that the organs would normally resume their function. An attempt was made to ascertain if any of the players had had scarlet fever in their childhood. But no such history could be obtained. Only a few men however were questioned in regard to their previous history.

Two practical question now present themselves to us for solution.

First — Can such a condition be repeated twice or oftener a week without doing the kidneys some damage which, although it may go for years unrecognized, will eventually lead to a serious renal change?

Second — Is it not dangerous for men whose kidneys may have been weakened by previous disease as scarlet fever to subject themselves to such a violent strain?

Although I believe in the existence, under certain provocative conditions, of a functional albuminuria and think that a fatal prognosis should not be rendered off-hand simply from the occurrence of albuminuria, I would regard it a very great evil indeed if the knowledge of the possibility of functional albuminuria should lead anyone to carelessly view the presence of albumin in the urine. Our increased knowledge should lead us only to a more thorough examination which

should embrace not only the genito-urinary system but also the entire body. Thus only shall we do no injustice to our patients either by treating as trivial what may be a danger signal of the utmost import, or on the other hand unnecessarily alarming them about a condition which of itself may have no great significance. In conclusion let me quote the words of some distinguished clinicians on this subject.

Strümpell says that "These rare exceptions do not invalidate the correctness of the assertion that when a definite amount of albumin is persistently eliminated by the urine it must be regarded as something pathological."

v. Jaksch claims that "Large quantities of serum albumin are never found in the urine under normal conditions. The presence of albumin is always to be regarded as an important pathological symptom. But from albuminuria alone a renal affection should not be diagnosed."

Delafield states that "Persons with simple, persistent albuminuria are always to be looked upon with suspicion. They may do well for a number of years but sooner or later diseases of the kidneys, of the heart, or of the arteries is apt to be developed.

Gairdner of Glasgow believes that albuminuria is a danger signal and says "That a danger signal may avert danger rather than bring danger. Nay a danger signal may be disregarded and yet the train not be wrecked. Still there it is and from the insurance point of view it ought not to be neglected.

Musser says "It is conceded that there may be albuminuria of renal origin without renal disease, but the diagnosis must be by exclusion and can be reached safely only after extended observation."

Although it was originally intended that this paper should consider almost exclusively the detection of albuminuria and only incidentally its significance, the latter has proved so attractive a subject that it has occupied, as I believe it should the greater part.

For the detection of albumin in urine many tests have been recommended and especially in these days it is the fad to advocate the use of some new delicate test which will detect quantities of albumin inappreciable by the ordinary tests. Personally I believe that the old tests which have themselves stood the test of years of clinical use are still the best. They are simple, easily made, usually quite free from error and detect the presence of albumin in sufficiently small quantities (1 part in 30,000.)

**HEAT TEST.** — Boil the top of a column of urine in a test-tube and add, if a precipitate forms or not, concentrated nitric acid (5-10 drops) until the urine has a strongly acid reaction. If the precipitate does not dissolve, or forms after the addition of nitric acid, it is due to albumin.

If albumin is present in small quantity, a turbidity appears; if about 1 per cent. is present, a flaky precipitate forms, and if there is a very high percentage of albumin (3 per cent.) all the urine is converted into a solid mass. Too small a quantity of nitric acid may not precipitate albumin, especially if the urine is alkaline. Too great a quantity may redissolve the precipitate of albumin, particularly if the urine is again heated after the addition of the nitric acid, or if the nitric acid is added before the urine is boiled.

**Possible Source of Error.** — The formation of a precipitate, not albumin, is limited to the precipitation of resinous acids which appear in the urine after the administration of large quantities of the balsams, as urates and uric acid are very soluble upon the application of heat. If resinous acids are suspected, add two volumes of alcohol, which will dissolve resinous acids but not albumin. The alcohol should be added only when the urine is cold and does not contain more nitric acid than recommended, as otherwise the alcohol will be oxidized with a stormy effervescence.

**NITRIC ACID TEST (HELLER'S RING TEST).** — Add carefully with a pipette to a test-tube containing concentrated nitric acid an equal quantity of urine, holding the test tube as obliquely as possible, so that the fluids do not mix. If at the

junction of the fluids a sharply limited white cloudiness in the shape of a ring appears immediately or after a few minutes, albumin is present.

Possible Sources of Error. — (a) Precipitation of nitrate of urea (large crystals). This occurs only in a very concentrated urine and appears after some time. Previous dilution of the urine prevents it.

(b) Precipitation of acid urates (cloudiness in the shape of a ring somewhat above the junction of the fluids). This also happens only in concentrated urine. The uric acid is freed from its salts by the nitric acid and is in part precipitated as it is almost insoluble in cold water. This can be avoided by diluting the urine with 1-2 volumes of water. This ring is dissipated on the application of heat.

(c) Precipitation of resinous acids (Ring-shaped cloudiness). They appear in urine as salts after large doses of balsam of copaiva, styrax, and turpentine, and are precipitated by nitric acid. Differentiate this from albumin by the addition of alcohol as in the Heat Test.

(d) Precipitation of albumose (an uncommon occurrence).

(e) Colored Rings. The pigment of the urine is oxidized by the nitric acid. Every specimen of urine therefore, and especially the highly colored, will show at the junction of the urine and nitric acid a brownish-red ring; if indican is present, a violet ring; if bile pigment, Gmelin's reaction. All these rings can be easily distinguished from albumin by the absence of cloudiness.

**ACETIC ACID AND FERROCYANIDE OF POTASSIUM TEST.** — This test, a favorite one in the German clinics, is best made in the following manner: The urine is rendered strongly acid with acetic acid (5 drops) then one-half the urine is poured into a second test-tube and a few drops (3) of a ten-per cent. solution of ferrocyanide of potassium are added to the contents of one of the test-tubes. If albumin is present, a turbidity or flaky precipitate appears, readily recognized by comparing the two test-tubes.

Of the tests for detecting very small quantities of albumin (1 in 300,000). Tanret's and Millard's are the most popular.\*

Tanret's Reagent.

Potass iodide,	- - - -	2.32 grains.
Mercury bicloride,	- - - -	1.35 "
Acetic acid,	- - - -	20. C. C.
Distilled water,	-	q. s. 100. C. C.

Millard's Reagent.

Carbolic acid,	- - - -	2 drachms.
Glac. Acetic acid,	- - - -	7 "
Solut. Potassa,	- - - -	22 "

When the quantity of albumin is very small and the reaction not at all distinct, the urine, before being tested, should be clarified by being shaken with powdered French chalk, calcined magnesia or Fuller's Earth (1 dr. to 1 oz. of urine) then filtered through wetted filtering paper until the urine passes through perfectly clear. If the specimen has undergone fermentation and cannot be clarified by the above means, then the addition of caustic potassa or soda to strong alkaline reaction without heat, followed by filtration through wetted filtering paper, will clarify it. Coloring matter, when present in excess, can be removed by shaking the urine with animal charcoal and by filtration.

The filtered specimen is divided into three-quarter-inch-test-tubes, filling them about one-third full. To the first add 15 drops of Tanret's test; to the second 15 drops of Millard's test; to the third 15 drops of acetic acid. The reaction should be acid in all the tubes. Heat the three tubes to the boiling point, and while the contents are hot hold them up to a good light, with a strip of black paper or card-board a short distance back of them, about half the way up to the level of the fluids, and note the results. Set aside for thirty minutes, and again heat to the boiling-point and note the result a second time. It is important that this length of time elapse before noting the last result, as minute quantities of albumin require this length of time for complete precipitation. The

\*The description of the method of making Tanret's and Millard's Tests is taken from Gray's excellent papers "Persistent Albuminuria in Functional Nervous Diseases." American Journal of Medical Science, October, 1894.

results should be noted directly after heating to the boiling-point, as one of the reagents precipitates all the alkaloids, peptones, and ptomaines, the other only a few of them, the precipitates of these bodies being retained in solution while hot; consequently they do not interfere with the albumin reaction.

If albumin be present there will be an increased cloudiness or precipitate in the tubes to which the Millard's and Tanret's tests have been added. When very faint traces are present the opalescence produced, being distributed throughout the liquid, is more easily perceptible than the results obtained by applying the zone or contact test; the reagents being free from color, and the urine also deprived of considerable coloring matter by filtration through the French chalk, gives greater delicacy to the reaction.

227 Hamilton St., Albany, N. Y.

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## Typhus Fever.\*

By JOHN THOMPSON, M. D.

During the latter part of the fifteenth century, or the fore part of the sixteenth, an acute infectious fever began to make its appearance in European countries, British writers having the first authentic account of typhus fever. The fever having spread from its supposed source was called in Germany at the time "the Hungarian disease". The spread of the fever in the English Courts of Justice gave rise to what was called at the time "the black assizes". Before this time there was little or no history of such a disorder; it must have existed somewhere, since the crowding of man together has existed and continued for ages. No credit can be given to any theory of spontaneous generation of the disease germs. Later its current name was "spotted fever, jail fever, ship

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\*Read before the Medical Society of the County of Albany, March 12, 1894.

fever, putrid fever, billious fever, petechial fever and camp fever." In western Europe it has frequently been termed "the Russian Polish fever" owing to its constant enduricity among those people, and this name may still be found in the books. Typhus fever is the disease of crowds, poverty, filth and where a scarcity of food predominates among the people. The disease, if lurking about, develops and spreads the contagion everywhere. In the crowded homes of the poor peasant it is mostly to be found, where it grows and flourishes. Armies on the march through the country; the fever has often passed to the civil population and has thus dispeopled great districts of country and large towns in the line of travel. Ferdinand, in the year 1489, lost no fewer than 17,000 of his troops with the spotted fever. Emperor Charles V. had his army in 1552 devastated with petechial fever in front of Metz. In 1620 the Bavarian army in a few months lost in Bohemia not less than 20,000 soldiers from spotted typhus (the disease being carried into other parts of Germany, obtained the name of the Bohemian disease. In 1628 and 1632 the Swedish army under Gustavus Adolphus carried typhus into northern Germany and the population were so destroyed that for many years afterwards villages were left without inhabitants.

1799-1800—The garrison of Geneva besieged by the French, was half famished by hunger and fever. When the English General Sir John Moore's army landed from Spain, typhus fever became epidemic in military hospitals in England; the soldiers returning to their homes spread the fever through England, Ireland and Scotland, where death rode triumphant on the back of typhus fever and bloody flux. Our country did not escape the scourge of typhus. It prevailed among the soldiers and sailors stationed in Newport and New York in 1776. During the years 1812-1814 typhus existed among our soldiers.

In countries like Ireland, Poland and Russia, which have frequently suffered the ravages of famine, typhus, under the name of "famine fever", has walked hand in hand with starvation, redoubling the horrors of such times.

The venerable old city of Quebec, located on the lower St. Lawrence river, was overrun with typhus during the years 1846, 1847 and 1848. These years a large number of emigrants from the British Isles crossed the Atlantic to seek new homes in the much lauded eldorado of Canada via Quebec. By far the greatest number were from Ireland. Quebec, at the time, was the favorite route by many who afterwards made their home in the States.

In Ireland during 1846 and 1847 famine prevailed in many parts of the country. Leckey, the historian sage, says that with a modern search light the Irish emigrant ship could be traced across the Atlantic by the bones of his countrymen who died on ship board from "famine fever" and were buried in the sea.

The old emigrant vessels when overloaded with human freight were the very hot beds of culture for typhus "fomites", with their over crowding long voyages, scanty, poor food and indescribable filthiness. Sanitary laws were neither observed or enforced by the Health authorities on either side of the Atlantic, so the typhus flourished and continued to destroy the lives of human beings as effectual as man himself in the slaughter of his brethren.

A person now residing in this city has often related to me the scenes of sorrow he witnessed on the landing of emigrant ships during the height of the epidemic in Quebec. He (with a young-man companion who took the fever and died) would go down to the docks and assist the physicians and officers to remove the sick to places of shelter before they could be sent to the hospitals. To see one or both parents taken away in the last stages of fever, and their little ones separated from them forever. The children were cared for by the civil and religious societies of the city. Those institutions distributed the youngsters among the farming people. It was said in after years, that brothers and sisters married, not being aware of their relation. It has been so reported that the number of deaths among the emigrants, physicians, clergymen and sisters of different orders, who nursed the sick,

run up in the thousands. There could not be secured any authentic report to give figures on the actual death rate.

The citizens of Albany recollect with much sadness the late visitation of typhus fever in our penal institute on the hill, where two of our young and enthusiastic physicians, Drs. Joseph W. Reilly and James A. McCaughin, sacrificed their lives like true martyrs in the cause of suffering humanity, staying the cold hand of death that had overshadowed the large number of unfortunate inmates.

"Cases of typhus fever have been carefully investigated by many able pathologists and writers on the fever: all are generally agreed that there is no constant or characteristic lesion; and they may be summed up generally as follows: A fluid condition of the blood hyperæmia of the cerebral membranes, and increase of intra-cranial fluid, bronchial oedema, softening of the heart, liver, spine and pancreas. hyperæmia and hypertrophy of the kidneys."

Some of the gentlemen present to-night will recollect cases at the penitentiary that showed distinct cerebral pressure, contracted pupils, feeble or loss of radical pulse, indistinct heart sounds, and in fact what might be called in the stage of "coma vigil" extreme prostration without delirium. Those persons could not be roused by shaking or speaking loud to them, but would move their muscles when pricked with a sharp instrument, in fact, the patients were removed to one side of the ward to die. The cases proved to be only cerebral vein pressure or over distention as the treatment proved in a very short time.

The pressure on the brain of typhus fever patients has caused loss of voice in the short time of three days after the fever was first manifest.

Dr. Cyrus Edson, Sanitary Superintendent of New York City, said to a "Sun" reporter: "Up to February 11, 1892, when the steamship *Masillia* dumped half a hundred typhus patients on our shores, typhus had been comparatively unknown for five years. From 1870 to 1886 the average number of deaths for each year (except in 1881 when there were 180)

was about 30. The records kept up by Dr. Nagle show that there were 20 deaths during the year 1804, and that from that year until 1870 the disease flourished and increased until the death record was numbered by the hundred each year. The germs were carried over and spread in the over crowded holds of emigrant ships, and the health authorities came to regard it as one of the staple contagious diseases of the city. The outbreak in 1847 caused 948 deaths; in 1848 there were 720 deaths; in 1849, 415 deaths; in 1850, 396 deaths; in 1851, 977 deaths; in 1852, 662 deaths. An epidemic which lasted through 1863, 1864 and 1865 caused nearly 2,000 deaths. Then the record diminished until the city was entirely free from the disease. Out of about two hundred cases in the present attack, but three were women." But five cases developed outside of New York City, that is in the State. One in Newburgh and four in the village of Valatie; all four were members of one family. The sick in Valatie were cared for under the direction of the State Board of Health. All recovered. There were some 30 persons exposed by meeting and greeting the strangers to their new home. Those people were all quarantined for 15 days; fortunately the disease did not spread beyond the lately arrived strangers.

*New York Sun:*

As regards the cause of typhus, it is known to be a germ of some kind, but its precise nature and qualities have not as yet been determined. Several authorities have discovered in the blood and tissues of typhus patients peculiar organisms in the shapes of threads and spheres. They have taken these and cultivated them, much the same as the farmer raises chickens, and then introduced them into lower animals with more or less bad effect. HILAVA, of Prague, in 1888 isolated a typhus bacterium which he called a streptococcus, but the results of experimentation with it were not decisive. THOINOT and CALMETTE found granules of unusual character in the blood of typhus patients, but their researches were also indeterminate. LEWASCHEW has described certain threadlike and

spherodical bodies from similar cases, but his studies were also too limited to be significant. CHEESMAN and BRANNAN, of this city, have made a joint study of typhus, which is by far the best contribution to the medical literature of this disease which has yet appeared. The authors last year made autopsies on several cases at North Brother Island, followed by miseroscopical and bacteriological study of the tissues. A bacillus was found and cultivated in test tubes. The CHEESMAN-BRANNAN bacillus is ovoidal in young cultures, but later often club shaped. Inoculations of these bacilli into rabbits, guinea pigs and white mice caused death in from ten to twenty-nine days. Though not sufficiently decisive to satisfy the exacting requirements of science as regards facts, there is some probability that these investigators are close upon the elusive typhus microbe. Once found its nature and habits

Our Board of Health, both national and state, stand out like the picket lines of an army to warn the body of the approach of the enemy. Our health officers during the attempted invasion of cholera during the summer of 1892, in New York harbor, received him (the cholera) as a royal guest from abroad, but fortunately he was isolated and starved to death in quarantine.

A maxim long established, that "a man half fed is only half alive" proves true in the pestilence caused by crowding, hunger, privation and all lack of sanitary laws that should be observed for the welfare and well being of the creature called man.

5 Canal Street.

## Obituary.

MINUTE AND RESOLUTION ADOPTED BY THE MEDICAL SOCIETY OF THE COUNTY OF ALBANY, ON THE DEATH OF DR. WM. H. T. REYNOLDS, AT A SPECIAL MEETING HELD TUESDAY EVENING, DECEMBER 11, 1894.

The committee on resolution on the death of Dr. Wm. H. T. Reynolds, a member of the Medical Society of the County of Albany, recommends the adoption of the following minute and resolution:

Again the relentless hand of Death has stricken from the roll of the Medical Society of the County of Albany another of its active members. Again its remaining members have assembled to perform their melancholy duty and to pay their last tribute of respect to the memory of one whose life and character merited their sincere regard and won their genuine admiration.

It was a sudden summons that Dr. William H. T. Reynolds received from this mortal life while still in the full vigor of manhood and in the active discharge of his professional duty. A true man of sterling worth has been cut down in the midst of a life of honor and usefulness; a skilled physician has been taken from his professional labors in the full maturity of his powers. A heart filled with human sympathies, quick to respond to the call of distress and prompt to relieve even at the sacrifice of personal interest, is silent forever. A life of unselfishness, of modest endeavor, of strict integrity, has ended. We wonder that such a man has been taken from a world in need of just such generous and noble impulses as Dr. Reynolds possessed.

Dr. Reynolds was a genuine and true friend to those who knew and understood him. He wanted no herald of his good deeds. His charities were done in silence and his duty as a citizen and a doctor was performed like a man. He was a man of education and ability whose mental qualities were above the average. He was a gentleman in mind and heart, of quiet demeanor, of unassuming manner, whose qualities

endeared him to his friends and compelled the respect of his associates. He was none the less a man, perhaps he was the more of a man, because he did not proclaim his abilities from the house tops and preferred the approbation of his own conscience to the plaudits of the world.

We regret that he is no longer to be our associate and will miss him from the number of our friends. We extend to his grief stricken family our sympathy and condolence in these hours of their sorrow and regret that circumstance of burial will forbid our presence in a body at his funeral, and  
*Resolved—that a memorial page be set apart in the minutes of our society on which this minute and resolution shall be spread in full—*

*That a copy of them be transmitted to the family of the deceased and published in the daily press and  
That the President of this society be delegated to act for it in the execution of this its desire.*

JOSEPH D. CRAIG,  
CHAS. H. PORTER,  
W. G. MACDONALD,  
J. D. FEATHERSTONHAUGH.

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**Sarsaparilla Must Go.**—The general tend of the discussion of the medicinal value of sarsaparilla is, that like the Chinese, it must go. The *Medical Record* voices the sentiment of a number of medical men in the following editorial comment:

The esteemed editor of the *Therapeutic Gazette* comes to the rescue of sarsaparilla, and says that it ought to be retained in the pharmacopœia, because it covers the taste of iodide of potassium. This would be a rather weak excuse, if it were true, as any one can be convinced by a trial.

The *Gazette* further puts forth the weird hypothesis that sarsaparilla syrup promotes the action of iodide. We venture to say there is not a scintilla of clinical proof that this is the case. The most brilliant results from iodide have often been obtained by enormous doses, after small doses combined with sarsaparilla have failed.

The fact is that the legendary belief in sarsaparilla as a "blood purifier," promotes no end of quackery and useless drugging. Hence, physicians, at least, ought to rid themselves of false notions about it.—*The Medical and Surgical Reporter.*

THE  
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HOWARD VAN RENSSALAER, PH. B., M. D., EDITOR.

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## ANNOTATIONS.

### **Inoculation for Diphtheria and Croup.**

For some time, Dr. Pasteur, the great French scientist, who has achieved such brilliant success in the treatment and cure of maladies heretofore deemed incurable, such as hydrophobia and malignant pustule, and Dr. Roux, his principal assistant, have devoted themselves to a scientific study of diphtheria and croup, and for the last five years they have asserted that the cure of these diseases by inoculation might be considered an accomplished fact.

But they forbore to make public their valuable discovery until, by frequent experiments conducted by Dr. Roux, they had quite assured themselves what animal was best suited for the transformation of the diphtheric poison into an antidiphtheritic vaccine. The fact is now established beyond all question that this animal is the horse, and that the antitoxine is contained in the serum of the blood of the animal, prepared according to Behring's method by Dr. Roux and Dr. Merlin, at the Pasteur Institute, in Paris.

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[Report on the treatment of diphtheria and croup by means of hypodermic injections of diphtheretic serum, by C. W. Chancellor, United States council at Havre, France.]

The following statistics furnished by the director of the Hospital des Enfants Malades, of Paris, gave the result of Dr. Doux's treatment. During the years 1890-'93, there were 3,971 children treated in the diphtheria annex of the hospital, with the following death rate for each year:

	Per cent.
1890	55.80
1891	52.45
1892	47.64
1893	48.47

This makes an average of 51.09 per cent for the four years.

When Dr. Roux and his co-workers entered the hospital (February 1, 1894), they at once began the new treatment of injecting the antitoxic serum, and of 448 children, treated only 109 succumbed—a death rate of 24.33 per cent. As every other part of the treatment of the patients was the same as during the four years above cited, the difference between 51.09 and 24.33 per cent is a fair representation of the advantages derived from the serum treatment.

It is, moreover, stated that a number of children not suffering with the disease were inoculated and placed in contact with the diphtheritic patients, living in and breathing the same air meantime, but not one of them contracted the malady. This would seem to demonstrate quite conclusively that the antitoxic serum is not only a curative but a preventive agent of great power, quite equal to the cow vaccine as a prophylactic against smallpox. In an article recently published in the *Univers*, M. George Duranton, in discussing the new remedy, enthusiastically declares that "diphtheria has been vanquished, and croup has lost its terrors."

In Germany, Drs. Behring, Eslich, Kossel, and Wasserman have tried the serum cure on 220 children suffering with diphtheria, with the result of effecting 168 cures against 52 deaths, or a mortality of only 30.95 per cent. Another striking instance of the efficacy of the cure has been published. M. Francois Moreau, a young French naval officer, who had just arrived at Vienna from a trip to the east, was

attacked with malignant diphtheria, and his life was dispaired of. A small quantity of Dr. Roux's vaccine serum was obtained and promptly injected, and although the patient's condition was thought to be desperate, in three hours after the first injection the false membrane, which had almost produced suffocation, became detached, and the disease soon disappeared.

The universal satisfaction occasioned by this conquest of science may be readily imagined. Not only have the parents of rescued children testified their sense of gratitude, but public interest has been aroused to an unusual extent, as manifested in the results of the subscription inaugurated by the Figaro, a leading journal of Paris. In three weeks, over 200,000 francs (\$38,600) have been subscribed for the founding of an institute for supplying the antidiphtheritic serum to the members of the medical profession in France.

So far, Dr. Roux has been unable to meet the demand for the serum, and he has had to confine himself to sending to the provinces only a sufficient quantity for urgent cases; and it is to be feared that this state of things must continue for some time. To provide for the needs of the entire country, the Pasteur Institute would have to possess a permanent establishment of over 150 immunoed horses, and, in addition to the heavy expense thereby entailed, the present accommodations are insufficient. Already, it has been suggested that auxiliary institutes be established in all the principal towns of France, the expenses to be sustained by the various municipalities. The city of Marseilles has decided to establish an institution, and the municipality of Honfleur, in this consular district, has contributed a liberal sum of money to be applied in the production and distribution of the serum for that particular community.

A plan has also taken practical shape at Rouen and Havre to aid in this great humanitarian work. Individual subscriptions have been made to the extent of 40,000 to 50,000 francs (\$7,720 to \$9,650) in the two cities to supply the necessary means of accomplishing the desired end. At

Havre, a healthy young Normandy horse of four years old, that has never been put to work, has been purchased and is now under observation in the stables of the veterinary department of the Government at this place. In order to take every precaution, and to insure the success of the experiment, this horse has already been inoculated with *maleine*, an agent which, when inoculated on a perfectly healthy animal, produces negative or harmless results. After this, the horse, if perfectly healthy, will be successively and slowly rendered immune by injecting beneath the skin of the neck or shoulder gradually increased doses of the toxine made by cultivating virulent diphtheritic bacilli exposed to the air. Immunity being thus established in the horse, which requires from six to eight weeks, the serum of the animal when drawn and injected subcutaneously into the human subject will produce the desired preventive and curative action.

The remedy is given in this manner: Usually the patient receives a single injection of 20 cubic centimeters \* of the antitoxic serum; twenty-four hours later a second injection is made of 10 or 20 cubic centimeters. and, in most cases, the two injections will be found sufficient to effect a cure. In slight cases, a single injection of 20 cubic centimeters of the serum has been found sufficient to insure recovery. The serum is prepared in the form of solid dry grains, which preserve their vaccinal power for quite a long time. In a liquid condition, the serum preserves its properties for one year. It is kept in tubes of 20 cubic centimeters capacity, containing a small piece of camphor and corked with sterilized India rubber.

In order to obtain satisfactory results, it is quite essential that every person using the remedy should become familiar with the manner of diagnosing the disease bacteriologically. For this purpose, it is only necessary to pass a platinum wire loop over the mucus surface of the tonsilar glands, and then apply the wire thus charged with mucus to a solid culture medium in a glass tube. This is what the French call

\*5.41 drams.

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*ensemencement.* The tube is placed in an oven maintained at 98° F., and if the colonies develop in twenty-four hours, we are in the presence of a culture of diphtheritic bacilli. It is also important to ascertain if the diphtheritic bacilli are associated with other microbes, for, in this case, the serum therapeutics must be much more intense than that ordinarily applied.

The question of supplying the medical profession with properly prepared serum, as smallpox vaccine is now supplied, is one which should be taken up at once by every state and municipal government in the United States, seeing that diphtheria sweeps off fully 60 per cent of all children attacked, and annually causes the death of many physicians, students, nurses, and others who must necessarily come in contact with the disease.

C. W. CHANCELLOR,

HAVRE, Oct. 11, 1894.

*Consul.*

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## Supplementary Report.

The Paris Figaro, of October 12, 1894, published the following additional information regarding the preparation and distribution of Dr. Roux's anti-diphtheritic serum:

The first proceeding was to effect the purchase of twenty horses upon which to confer immunity, a process that requires about sixty or seventy days. The first injection under the animal's skin is a mixture of iodium and the toxine—that is to say, a culture of diphtheritic bacilli whose violence is attenuated by the iodium. After the lapse of some days, this injection is renewed at fixed intervals, and is continued for six weeks; finally, the pure toxine (that is, the poisonous substance secreted by the bacilli *diphtheriae*) is injected, and the horse is henceforth in readiness to furnish the serum on being bled. This operation can be performed every twenty days, after the lapse of which time the animal can supply, without injury or fatigue, 2 liters [2.05 quarts] of blood, which furnishes enough serum to save the lives of forty children attacked with diphtheria or croup.

Up to last Wednesday (October 11, 1894), twenty-three horses had been rendered immune at the Pasteur Institute for supplying the antidiphtheritic serum, and thirty-seven additional horses have been purchased by the institute, which are to be treated immediately. The purchase of the horses is conducted by a member of the Academy of Medicine, and as far as possible, the purchases are made in the Government barracks, from among the animals discarded on account of weak legs, but otherwise perfectly healthy.

At the Pasteur Institute, there is a specially organized laboratory for the preparation and dispensing of the antitoxic serum, and two physicians are detailed, under the direction of Dr. Roux, for this work, which requires great care and precaution. On account of the necessity of this extreme care in the preparation of the vaccine, it is considered indispensable that the service shall be centralized, and it has been decided that no branch laboratory to the Pasteur institute will be established in France. There will, however, be established, in a few months' time, depots in the central and larger cities for the distribution of the serum, and these depots will receive their supplies directly from the Pasteur Institute for delivery to the doctors making requisition therefor. This plan will be carried into execution in a very short time, thanks to the spontaneous and general subscriptions of the public, deposited with the Figaro, now amounting to 225,000 francs.

It may not be amiss to state that it is now claimed that the real credit of the discovery belongs to Dr. Behring, of Berlin. The diphtheria bacillus, which was discovered by Loefler, of Berlin, secretes a poison which is the true cause of the great mortality from diphtheria, and Dr. Behring, in studying the properties of this poison, injected greater and greater quantities of the toxine into the horse, and by proceeding gradually and carefully, he found that the animal could absorb enormous quantities of the poison without injury. He subsequently found that in the serum of the blood of a horse thus treated there existed a counter poison, which Dr. Roux has so successfully introduced to the public. In Germany, this antitoxine is known as Behring's remedy for diphtheria and croup, and in France, as Roux's antidiphtheritic serum.

C. W. CHANCELLOR,

HAVRE, October, 14, 1894.

*Consul.*

**The Absorption of Iron.**—Dr. Macallum finds that inorganic iron is absorbed (in guinea-pigs) by the intestinal mucous membrane. Whatever iron salt was administered, whether the phosphate, chloride, sulphate, or "peptonate," when the dose was not very large, the evidence of its absorption was very plain in the villi of the upper end of the small intestine, but in these only (*The British Medical Journal*). When the dose was large, the presence of iron in the villi was observed far down the intestine, but the reaction for iron was less distinct the more remote the villus from the pylorus. With very large doses of the phosphate or "peptonate," the villus near the cæcum gave an intense reaction. It is suggested that the reason for this difference is, that when the dose of iron is small, and when, consequently, the quantity of iron in the chyme is small, it is wholly precipitated by the alkaline, biliary and pancreatic secretions; as these three fluids do not at once and completely mingle, the iron is not at once precipitated, and consequently absorption goes on in the first few inches of the intestine. The acidity of a larger dose of iron salt may be sufficiently great to destroy the alkalinity of the chyme after mixture with the bile and pancreatic juice and when this is the case, the unprecipitated excess of iron-salt will go down the intestine, and be absorbed lower down. When the oxide or reduced metal is given, a certain quantity of the acid of the chyme is taken up in effecting their solution, and therefore, in the intestine the alkalinity of the bile and pancreatic juice must go farther in the precipitation of the iron. Speaking generally, the larger amount of free acid in the chyme, the greater must be the quantity of iron absorbed. Sulphides in the contents of the bowel will also precipitate the iron still in solution. On an ordinary diet, therefore, the extent of intestinal mucous membrane which absorbs iron must be, in proportion to that which does not, remarkably small. Macallum, however, thinks it possible that in anæmia there may be a diminution in the amount of the biliary and pancreatic secretions, a condition which, for the reason

above stated, would prevent precipitation, and thus favor absorption. His grounds for stating that iron salts are absorbed,—a fact which has been denied, are drawn from microscopical examinations of the mucous membrane under various conditions. In well-fed guinea pigs taking iron, the intestinal mucous membrane, after treatment with alcohol, assumes, when tested with ammonium sulphide, a more or less dark color, due to the formation of sulphide of iron, which, under the microscope, is seen to be limited to the subepithelial portions of the tips of the villi. Here it is deposited in leucocytes which surround the end of the lacteal vessel. When the dose of iron is larger or apparently when the administration is continued for a long time, the iron is present also in the epithelial cells themselves, and passes them by a process of internal secretion into the plasma of the venules. These venules are the portal radicles, and leucocytes containing iron are found in capillaries of the liver, and the peripheral cells of the lobules contain iron. Similar leucocytes are found in the spleen. Beyond this point the iron was not traced, and the question whether it is ultimately assimilated and fixed as inorganic iron, remains unsettled; but the research serves to prove that iron salts have not, as have been asserted, merely a stimulant action on the epithelial cells of the mucous membrane. Any stimulant action they may exert is a concomitant of their absorption. Though some of the subepithelial leucocytes of the villi appear thus to carry part of the absorbed iron into the general circulation, the more important agent in the transference of the inorganic iron from the villi to other parts of the body is the blood plasma.—*Medical Record*.

**Germain See on Ferratin.**—The distinguished French savant, Professor Germain Séé reported his views on the therapeutic value and place of Ferratin to the Academy of Medicine of Paris, August 21, 1894.

Professor Germain Séé said that he had found occasion during his attendance at the Hotel Dieu, to employ Ferratin and to study its effects on various clinical cases, which he took pleasure in reporting.

Ferratin seemed to have a direct significance in the nutrition of the tissues, and even after prolonged use it produced no derangement of the stomach or intestines. It had a pronounced curative effect. It acted mildly astringent, without causing hurtful excitement or constipation—disturbances commonly following the use of ordinary ferruginous preparations; but as a remarkable fact, it caused a strong increase of appetite—always precarious and capricious in anemic patients—and also regulated the movements to a normal condition. Its administration was free from any unpleasant side or after-effects.

Ferratin, 0.5 to 1.5 grammes per day in divided doses, was primarily a valuable food product; it excited appetite and thereby offered a powerful adjuvant in permitting the absorption of food, and it contained a fixed proportion of iron which was highly assimilable, and thus replaced a vital insufficiency.

The administration of Ferratin, said Professor Germain Sée, was indicated in those suffering from anemia from hard work, though the patients have the appearance of good health; those of both sexes, affected with chlorosis; those weakened by too rapid growth and puberty; those fatigued by study; and in short, all in whom a diminution of red blood corpuscles had ensued, due no matter to what causes.

Professor Germain Sée concluded his report by promising that he would keep the Academy informed as to his further studies of Ferratin, which he was conducting simultaneously at the Hotel Dieu, in his medical clinic, and in his physiological laboratory.—*American Therapistt.*

**New Means of Local Anaesthesia.**—One Dr. K. L. Schleich, of Austria, claims to have discovered that absolute immunity from pain, even during protracted operations, may be obtained by a subcutaneous injection of a sugar or salt solution, or of merely cold distilled water; that the results induced are, to all intents and purposes, identical with those obtained by like employment of cocaine.

He adds: the patient may remain perfectly conscious during the amputation of hand and foot without undergoing

the tortures so often inflicted upon the battle-field, or the exceptional dangers of syncope ever present in the operating-room when general narcosis is resorted to.

It is declared that this discovery has already borne the test of several experiments and is about to be applied in the hospitals of Vienna. The explanation of the phenomenon is: Local insensibility to pain is induced in the case of cocaine by purely chemical changes, while cold water or solutions of sugar and salt act mechanically through high pressure and low temperature. Under the influence of high pressure and sudden low temperature, the blood and lymph are driven from the place operated upon, to where the pressure is less. The tissues are thus deprived of their supply of blood, and temporary paralysis of nerves results.

The foregoing seems to have met with favor in numerous quarters, and in one instance at least, a surgeon of authority affirms that "its importance is all the more undoubted, seeing that in a given case, cold water alone should fail to produce the needful degree of insensibility, a weak and absolutely harmless solution of cocaine would prove, certainly, efficacious."

Whether true or false, it is hardly probable that surgeons will give up the use of cocaine, which is deemed certain, in favor of a method which will always be apt to carry with it a feeling of indefiniteness.—*Medical Age*.

**Restriction of the Sale of Patent Medicines.**—A bill has been introduced in the Iowa legislature, providing that every patent medicine offered for sale in the State shall have a printed statement on the wrapper giving the ingredients of the preparation. The penalty for disobedience to this law is a fine not exceeding \$100, or imprisonment for six months.  
—*The Medical Age*.

**The Relation of Sewer-Gas Air to Typhoid Fever.**—Much light has recently been cast on the part played by sewer-gas in typhoid fever infection. It has been shown

that sewer-gas is as free from disease germs as ordinary air, but while it is probably not the carrier of typhoid germs, it is nevertheless an important factor in typhoid infection, by reason of its devitalizing effect on the human organism. Suffering under the debilitating influences of the poisonous gases sewer air contains, the natural powers of resistance possessed by man against parasitic organisms are lowered to such an extent that he falls an easy victim to their attacks and the disease is established.

The effect of the inhalation of sewer-gas has recently been investigated by Dr. Alessi through experiments on animals, rats, guinea-pigs and rabbits. In one of his experiments he exposed forty-nine rats to sewer-gas, by means of boxes with perforated bottoms placed over drains. An equal number was likewise confined, but not subjected to the poisonous gas. After about two weeks both sets were inoculated with weak culture of the typhoid bacillus. As a result of this, thirty-seven of those subjected to the noxious gases died, while but three of those not so treated, succumbed. Out of seventy-two guinea-pigs subjected to poisonous gases, fifty-seven died after inoculation with the typhoid bacillus. In an equal number not subjected to the depressing influence of impure air, but inoculated with the same culture, none died. With rabbits, the results were even more striking, for every one that had inhaled the gas and was inoculated, died, and all that were kept in ordinary atmosphere were proof against the inoculations. The highest mortality in the animals occurred when they were inoculated during the first two weeks; those experimented with during the third week showed a mortality almost one-third less than those earlier treated, which would go to show that a certain degree of tolerance is established for the noxious substances when habitually inhaled.

These experiments are certainly very interesting, and the results obtained appear to clear up a subject not well understood. Before the conclusions, however, can be adopted as fixed facts, confirmation by other experimenters must necessarily be offered.—*Pittsburg Medical Review.*

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